

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

25 Fairground Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 25 Fairground Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Margaret M. Baker

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife David C. Baker

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) July 11, 1876

8. AGE: Years 70 Months 8 Days 8 If less than one day
 hrs. min.

9. Birthplace Leitersburg, Wash. Co., Md.
(Town, county, and state)10. Usual occupation Home Duties

11. Industry or business

12. Name Samuel J. Miner13. Birthplace Leitersburg, Md.14. Maiden name Clara Rogers15. Birthplace Leitersburg, Md.16. Informant Mrs. William RohrerAddress 302 N. Cannon Avenue - Hagerstown, Md.

17. Burial Date thereof March 22-47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lutheran CemeteryLocation Leitersburg, Md.18. Funeral director Eric W. KraissAddress Hagerstown, Md.

19. Mar. 21, 47 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19, 1947 19..... at A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1943 to March 1947
intermittently 19..... to 19.....
 and that I last saw him 4 or 5 months ago 19.....
 alive on 19.....

Immediate cause of death Hyper tensive cardio vascular disease

DURATION

indef

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE.....

M. D. or other

Address 148 W. Washington St Date signed March

RECEIVED

MAR 24 1947

SECRET

1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Lusby

03219

Reg. Diat. No. 3026

290

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 17 Years

Hospital, institution, or street address where death occurred:

321 South Locust St.How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 321 South Locust St.

(If rural, give LOCATION)

2.(a) If veteran, name war None

3.(a) FULL NAME

PHILIP KELLER BARLUP

3.(b) Social Security Number

214-09-4029

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

MaleWhiteMarried6.(b) Name of husband or wife Sophia7. Birth date of deceased (mo., day, yr.) August 10 1880

8. AGE: Years Months Days If less than one day

6679hrs.min.9. Birthplace Leitersburg Wash. Co. Md.
(Town, county, and state)10. Usual occupation Tanners Hide and Tallow Co11. Industry or business Truck Driver12. Name Isaac Barlup13. Birthplace Leitersburg Md.14. Maiden name Mary Izer15. Birthplace Baltimore Md.16. Informant Mrs. Sophia BarlupAddress Hagerstown Md.17. Burial Date thereof 3/22/47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rest Haven CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. Mar. 22 47 Isaac Barlup
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

P

20. DATE OF DEATH March 19 1947 19 at 4:55 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6 Mar 19 47 to 19 Mar 19 47and that I last saw him alive on 18 Mar 19 47Immediate cause of death Coronary Occlusion

DURATION

13 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. Lusby

M. D. or other

Address 2301 Potomac Date signed 20 Mar 47

RECEIVED

MAR 25 1947

RECEIVED

1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Earl Young 309



03220

Reg. Dist. No. 3020

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 Weeks
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 2 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown R#1
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Chewsville
 (If rural, give LOCATION)
 2.(a) If veteran, name war W.W.# 2 33 723 202

3. (a) FULL NAME

HOWARD FRANKLIN BECKLEY

3. (b) Social Security Number

217-12-1045

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Lois
 6.(c) If alive, give age 21 years

7. Birth date of deceased (mo., day, yr.) April 24, 1924

8. AGE: Years 22 Months 11 Days 4 If less than one day -- hrs. -- min.

9. Birthplace Hagerstown Washington Co. Md.
 (Town, county, and state)

10. Usual occupation Weaving Machine Operator

11. Industry or business Maryland Ribbon Co.

12. Name J. Edgar Beckley

13. Birthplace Fairview Md.

14. Maiden name Myrtle Crabill

15. Birthplace Hagerstown Md.

16. Informant J. Edgar Beckley

Address Hagerstown Md.

17. Burial Date thereof 3/31/47
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Mar. 31, 47 Beatty Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28, 1947, at 11P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/16/47 1947 to 3/28/47 1947
 and that I last saw h alive on 3/28/47 1947

Immediate cause of death Coronary Thrombosis of Arteries DURATION 6 months

Due to Myocardial Infarction

Due to Pericarditis

Other conditions no other

(Include pregnancy within 3 months of death)

Major findings of operations no Date of op. no

Autopsy results no
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

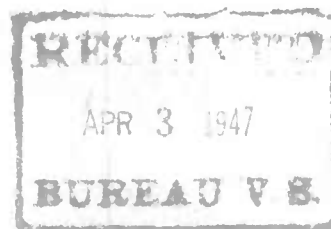
22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide no Date of no

Where did injury occur? no (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) no

Manner of injury no Injured at work? no

23. SIGNATURE Earl Young M. D. or other no
 Address Hagerstown Md. Date signed 3/29/47



1 - 50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 weeks

Hospital, institution, or street address where death occurred:

Garlock Convalescent HomeHow long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Penn. County FranklinCity or town Waynesboro
(If outside city or town limits, write RURAL and give nearest town)Street No. 147 S. Broad St.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Amy E. Bender

3. (b) Social Security Number

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed6. (b) Name of husband or wife George F. Bender

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7, 18588. AGE: Years 88 Months 8 Days 13 If less than one day
hrs. min.9. Birthplace Beaver Creek, Wash. Co. Md.
(Town, county, and state)10. Usual occupation House wife

11. Industry or business

12. Name Henry Foltz13. Birthplace Washington Co. Md.14. Maiden name Not known

15. Birthplace

16. Informant A. E. BenderAddress Hagerstown, Md.17. Buried Date thereof 3/22/47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Green HillLocation Waynesboro, Pa.18. Funeral director Walter J. BensAddress 271 Church St. Waynesboro, Pa.19. Mar. 21, 47 Bea H. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/20 1947, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

7 Mar 1947, to 20 Mar 1947and that I last saw him/her alive on 18 Mar 1947

Immediate cause of death

Cerebral Hemorrhage

DURATION

3 weeks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE F. J. Lusky

M. D. or

Address 2301 N. PotomacDate signed 21 Mar 47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 24 1947

BUREAU

1-50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1312)

CERTIFICATE OF DEATH

03222

Reg. Dist. No. 3050

1. PLACE OF DEATH:

County Washington
City or town Fairplay
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
Fairplay
How long in hospital or institution? at home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Washington
City or town Fairplay
(If outside city or town limits, write RURAL and give nearest town)
Street No. Fairplay Md.
(If rural, give LOCATION)
2. (a) If veteran, name war no

3. (a) FULL NAME

Ethel Irene Berger

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Frank H. Berger
6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) September - 7 - 1893
8. AGE: Years 53 Months 5 Days 28 hrs. _____ min.

9. Birthplace Jilghmanton Wash. Co. Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own home

FATHER 12. Name George W. Rohrer

13. Birthplace Wash. Co. Md.

MOTHER 14. Maiden name Vada Myers

15. Birthplace Wash. Co. Md.

16. Informant Frank H. Berger

Address Fairplay Wash. Co. Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof March 9, 1947
(month) (day) (year)

Cemetery or crematory Manor Cemetery

Location near Jilghmanton Md.

18. Funeral director Wm J. East & Son

Address Boonsboro Md.

18. March 8, 1947 John H. Bast
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5, 1947 19____ at 8:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1, 1947 to March 5, 1947
and that I last saw her alive on March 5, 1947 19____

Immediate cause of death Cerebral hemorrhage DURATION 3 days

Due to Arterial hypertension and arteriosclerosis 3 Yrs

Due to Chronic interstitial nephritis 3 yrs plus.

Other conditions Chronic myocarditis 3 Yrs

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Walter H. Shady MD. M. D. or other

Address Sharpsburg, Md. Date signed 3/8/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 11 1947

U. S. AIR FORCE

1-58

Rec'd 624-1121
1122

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

Reg. Dist. No. 03223 3010

1. PLACE OF DEATH:

County... Washington
City or town... Williamsport R.F.D.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Washington
City or town... Williamsport R.F. D.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

John William Bloom

3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced divorced

6.(b) Name of husband or wife Ralleg Sister Devoiced

6.(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Jan. 29 1866

8. AGE: Years 81 Months 2 Days 9 If less than one day
..... hrs. min.

9. Birthplace... Berkley Co. W. Va.
(Town, county, and state)

10. Usual occupation... laborer

11. Industry or business Welfare

FATHER 12. Name dont know
13. Birthplace dont know

MOTHER 14. Maiden name... Alice Bloom
15. Birthplace Berkley Co. W. Va.

16. Informant... Julia Jordan
Address Falling Waters W.Va.

17. Burial Date thereof... March 22 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Harmony Cem

Location Marlowe W. Va.

18. Funeral director Edith V. Leaf

Address Williamsport Md

19. March 22 47 E. L. M. C. Brooy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/20/47 19... at ... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/20/47 19... to 3/20/47 19...

and that I last saw him alive on 3/20/47 19...

Immediate cause of death Coronary

Obstruction

Due to...

Due to...

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op.

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... A. L. G. G. G. M. D. or other

Address Williamsport Md Date signed 3/30/47

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 26 1947

BUREAU

1-50

1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

3020

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Middleburg Pike
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Middleburg Pike
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Henry Gantz Boward

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widower

6.(b) Name of husband or wife
 6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 13, 1860

8. AGE: Years 87 Months 2 Days 2 If less than one day hrs. min.

9. Birthplace Hagerstown, Wash. Co. Md.
 (Town, county, and state)

10. Usual occupation Laborer (Retired)

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Unknown

MOTHER 14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Catherine Baker

Address Hagerstown, Maryland

17. Burial Date thereof 3-18-47
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Maryland

18. Funeral director C. H. Suter & Sons

Address Hagerstown, Maryland

19. Mar. 18, 1947 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 15, 1947 at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 15, 1947 to Mar 15, 1947 and that I last saw him alive on Mar 15, 1947

Immediate cause of death

Cerebral hemorrhage DURATION 2 da

Due to Hy. Patensum

Due to Cerebral hemorrhage

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. H. Suter M. D.

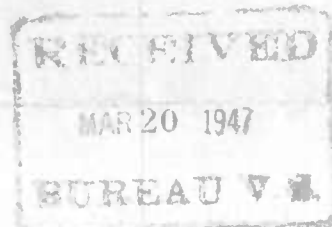
Address Hagerstown Date signed 3/18/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-d

CERTIFICATE OF DEATH

Reg. Dist. No. 03225
3020

1. PLACE OF DEATH:

County WASHINGTONCity or town HAGERSTOWN
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 YRS.

Hospital, institution, or street address where death occurred:

704 OAK HILL AVE — NONE

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County WASHINGTONCity or town HAGERSTOWN MD
(If outside city or town limits, write RURAL and give nearest town)Street No. 704 OAK HILL AVE
(If rural, give LOCATION)2.(a) If veteran, name war NONE

3. (a) FULL NAME

ALBERTA E. BREHM

3. (b) Social Security Number

4. Sex F. 5. Color or race W. 6. (a) Single, married, widowed, or divorcedMARRIED8. (b) Name of husband or wife PHILIP H. BREHMAPRIL 10 18706. (c) If alive, give age 76 years7. Birth date of deceased (mo., day, yr.) OCT. 17 18728. AGE: Years 74 Months 5 Days 5 If less than one day
hrs. min.9. Birthplace FRANKLIN COUNTY PA.
(Town, county, and state)10. Usual occupation HOUSEWIFE11. Industry or business NONE12. Name WILLIAM H. MILLER13. Birthplace PA.14. Maiden name LYDIA FRANKLIN MILLER15. Birthplace PA.16. Informant PHILIP W. BREHMAddress 312 PHILA. AVE - CHAMBERS PA.17. BURIAL Date thereof MARCH 25 1947
(Burial, cremation, or removal of remains?) (month) (day) (year)Cemetery or crematory NORLAND CEM.Location CHAMBERSBURG PA.18. Funeral director Robert A. Selles, Inc. (R.A.)Address Phila. Ave. & Chambers St.19. Mar. 22 19 47 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 22 19 47 at 7 P. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Mar 15 19 47 to Mar 22 19 47
and that I last saw him alive on Mar 22 19 47Immediate cause of death Cardiac dilatation

DURATION

3/22/47Due to Myocarditis Chs
Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. L. Porterfield M.D.

M. D. or other

Address 136 W Washington St Date signed 3/22/47
Hagerstown Md.

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ARTHEUR (1000)

RECEIVED

MAR 25 1947

1-50

Alberta E. Brehm.

It should be Alverda E. Brehm.

Maiden name of mother

should be Lydia Franklin

Family explains the first was a misunderstanding of the undertaker. The second the undertaker used the married name instead of the maiden name. I have made the copy correct.

Chas H. Bowers
Took

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

* 03226
Reg. Dist. No. 3020

1. PLACE OF DEATH: Washington
County...
City or town...
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 years
Hospital, institution, or street address where death occurred:
420 Sumner Avenue
How long in hospital or institution?...

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State... Maryland County... Washington
City or town...
(If outside city or town limits, write RURAL and give nearest town)
Street No... 420 Sumner Avenue
(If rural, give LOCATION)
2. (a) If veteran, name war...

3. (a) FULL NAME Edward Brooks

3. (b) Social Security Number

4. Sex Male 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife...
6. (c) If alive, give age... years
7. Birth date of deceased (mo., day, yr.) Unknown 1880

8. AGE: Years 47 Months Days It less than one day hrs. min.

9. Birthplace... (Town, county, and state)

10. Usual occupation... Laborer

11. Industry or business

FATHER 12. Name... 13. Birthplace... Unknown

MOTHER 14. Maiden name... 15. Birthplace... Unknown

16. Informant George Dean
Address 420 Sumner Avenue

17. Burial Date thereof 3/27/47
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown, Md.

18. Funeral director William H. Brown
Address 291 Frederick St Hagerstown

19. Date rec'd by registrar March 27, 1947 Registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH March 23, 1947, at 4:45 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from...
and that I last saw him... alive on...
Immediate cause of death...
DURATION 8 days

Pneumonia
Due to (Type & kind unknown)
Due to...
Other conditions...
(Include pregnancy within 8 months of death)

Major findings of operations... None
Date of op...
Autopsy results... None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide... No
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)
Means of injury Injured at work?
DEPUTY MEDICAL EXAM. S. Robert Wells WASH. CO., MD.
23. SIGNATURE M. D.
Address Hagerstown, Md. Date signed 3/26/47

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 29 1947

BUREAU 8

1-58

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1596

05228

CERTIFICATE OF DEATH

Reg. Dist. No. 3020

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 month
 Hospital, institution, or street address where death occurred:
208 Alexander St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 208 Alexander St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Rachel Ellen Brown

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Single

6. (b) Name of husband or wife

6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 18th 19478. AGE: Years Months Days If less than one day
28 hrs. min.9. Birthplace Hagerstown Washington Co.
(Town, county, and state) Hospital

10. Usual occupation

None

11. Industry or business

12. Name Edward E. Brown
 13. Birthplace Washington Co. Md
 14. Maiden name Pauline Turner
 15. Birthplace York Pa

16. Informant Edward E. BrownAddress 208 Alexander St17. Burial Date thereof Mar. 19, 1947
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Rest HavenLocation Hagerstown Md.18. Funeral director To F. BeckerAddress Lincolnton Md19. Mar. 18 47 Edw. F. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/17 1947 at 8³⁰ P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
2/18 1947 to 3/17 1947
and that I last saw her alive on March 7 1947

Immediate cause of death

DURATION

Non Specific Meningitis

Due to

Spina Bifida Complete
Bilateral Club feet
Ankylosis from birth.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

E. F. Pooler Md

M. D. or

Address Hagerstown Md Date signed 3/18/47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

RECEIVED
MAR 20 1947
BUREAU V

1-50

ARTS AND CRAFTS

ARTS CENTER

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157-2

CERTIFICATE OF DEATH

03227

Reg. Dist. No. 1331

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown Route #2
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 months
 Hospital, institution, or street address where death occurred:
Western Pike
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Rural - Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Route #2
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Vada Yvonne Brown

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of

deceased (mo., day, yr.)

February 7, 1947

8. AGE:

Years 1 Months 12 Days 12 hrs. 12 min.

9. Birthplace

Hagerstown, Wash. Co., Md.
 (Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

FATHER

12. Name

Francis M. Ullery

13. Birthplace

Shelleymeasville, W. Va.

MOTHER

14. Maiden name

Flanna Helona Brown

15. Birthplace

Martinsburg, W. Va.

16. Informant

Mrs. Ruth T. Brown

Address

Hagerstown, Route #2

17. Burial

(Burial, cremation, or removal. Which?)

Burial Date thereof 3/20/47
 (month) (day) (year)

Cemetery or crematory

Shepherdstown Cemetery

Location

Shepherdstown, W. Va.

18. Funeral director

A. K. Callahan

Address

Antietam, Md. Hagerstown, Md.

19. Date rec'd by registrar

Mar. 20 1947

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1947 at 3 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to 19.....

and that I last saw him alive on 19.....

Immediate cause of death

Congenital heart disease

Due to

Myxomatous pneumonia

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

NO

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide NO Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. Robert Wells DEPUTY MEDICAL EXAM.

Address Hagerstown, Md. Date signed 3/19-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 10 1947

BUREAU V B

2-40

2-3030-2-10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

CERTIFICATE OF DEATH

Reg. Dist. No.

302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? several days
 Hospital, institution, or street address where death occurred:
Washington Co Hospital
 How long in hospital or institution? several days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Williamsport
 (If outside city or town limits, write RURAL and give nearest town)
20 S. Vermont St
 Street No. 20 S. Vermont St
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Franklin Bruce Bryan

3. (b) Social Security Number

215 - 01 - 9960

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 8. (b) Name of husband or wife Josaphine Fisher
 7. Birth date of deceased (mo., day, yr.) April 30 1877
 8. AGE: Years 69 Months 10 Days 12 If less than one dayhrs.min.

9. Birthplace Greencastle Pa
 (Town, county, and state)
 10. Usual occupation night watchman Tannery
 11. Industry or business " " "

FATHER 12. Name Flemming Bryan
 13. Birthplace Greencastle Pa
 MOTHER 14. Maiden name Mary Alice Hysong
 15. Birthplace Greencastle Pa

16. Informant Alice Bryan
 Address 20 S Vermont St Wmsport Md
Burial

17. (Burial, cremation, or removal. Which?) Date thereof March 18 1947
 (month) (day) (year)
 Cemetery or crematory Greenlawn Cem
Williamsport Md
 Location Edith V. Leaf

18. Funeral director Edith V. Leaf
 Address Williamsport Md

19. Mar 17 19 47 Health Officers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 19 47 at 10:00

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3/9/47 19 47 to 3/15/47 19 47
 and that I last saw him alive on 3/15/47 19 47

Immediate cause of death

Myocardial infarction
secondary to
chronic arteriosclerosis
 Due to.....
 Due to.....

DURATION

6 Days
6 Days

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Williamsport Md Date signed 3/17/47
 Address

RECEIVED

MAR 19 1947

BUREAU OF

1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

03230
3020

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL NEAR and give town)
 Street address, hospital, or institution: Washington County Hospital -
34 days
 Stay in hospital or inst. (yrs., or mos., or days)
 Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town mt. Zion Ward No.
 (If outside city or town limits, write RURAL NEAR and give town)
 Street No. None
 (If rural give LOCATION)
 2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME

Vernon A. M. Buhman

3. (b) Social Security Number

None

4. Sex MALE 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower

6. (b) Name of husband or wife Nellie R. Toms

7. Birth date of deceased (mo., day, yr.) May 18 - 1874

8. AGE: Years 72 Months 10 Days 7 If less than one day
 (hrs., min.)

9. Birthplace Lantz, Fred Co Mo
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Own Farm

FATHER 12. Name William Buhman

13. Birthplace Lantz, Md.

MOTHER 14. Maiden name Octavia Harbaugh

15. Birthplace Lantz, Md.

16. Informant Earl Buhman

Address Lantz, Md.

17. BURIAL Date thereof 3/28/47

(Burial, cremation, or removal. Which?)

Cemetery or crematorium Bethel Chur of Soc Cemetery

Location NEAR CASCADE MD.

18. Funeral director M. L. CREEGER & SON

Address Thurmont Md.

19. Mar. 26, 47 Chauff. Bowers

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 25 1947, at 9:58 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 24 1947, to Mar 25 1947, and that I last saw him alive on Mar 25 1947.

Immediate cause of death Carcinoma of Rectum Inoperable DURATION 6 mo

Due to

Due to

Other conditions Terminal Pneumonia 2 day

(Include pregnancy within 3 months of death)

Major findings: Sigmoidectomy 2/24/47 Carcinoma of Rectum marked ulceration base of bladder

Of operations Carcinoma of Rectum

Of autopsies marked ulceration base of bladder

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE W. H. Binkley M. D.

Address Hagerstown, Md. Date signed 3/25/47

PHYSICIAN

Please underline the cause to which death should be charged statistically.

RECEIVED

MAR 28 1947

BUREAU F. E.

1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

Dr. Kohler

361

03231

Reg. Dist. No. 3020

1. PLACE OF DEATH:

County Washington
 City or town Chewsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 Years
 Hospital, institution, or street address where death occurred:
Smithsburg Route #2
 How long in hospital or institution? --

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Chewsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Smithsburg Route #2
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME

EMMANUEL MOORE BURNS

3. (b) Social Security Number

218-07-8930

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Camilla Early Burns6. (c) If alive, give age 56 years7. Birth date of deceased (mo., day, yr.) November 29, 1890

8. AGE: Years 56 Months 3 Days 10 If less than one day -- hrs. -- min.

9. Birthplace Chewsville, Washington Co. Md.
(Town, county, and state)10. Usual occupation Bookkeeper11. Industry or business Own Employer12. Name Henry Burns13. Birthplace Pondsville Md.14. Maiden name Mary Markell15. Birthplace Thurmont Md.16. Informant Mrs. Camilla BurnsAddress Chewsville Md.17. Burial Rose Hill Cemetery Date thereof 3/11/47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Hagerstown Md.Location Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. Mar. 11, 1947 Charles H. Bowers
(Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9, 19 47, at 2:30 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 9 47 to Mar 9 47and that I last saw him alive on Mar 9 47Immediate cause of death if coronary thrombosis DURATION 6 yrsDue to Coronary sclerosisDue to Coronary sclerosisOther conditions None

(Include pregnancy within 3 months of death)

Major findings of operations None Date of op. NoneAutopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. None Date of NoneWhere did injury occur? None (City or town) (County) (State)Injured at home, farm, industry, public place (where?) NoneMeans of injury None Injured at work? None23. SIGNATURE E. G. Kohler M. D. or other NoneAddress Smithsburg Date signed 3/10/47

RECEIVED
MAR 13 1947
BUREAU V B

1-52

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1910

CERTIFICATE OF DEATH

Reg. Dist. No. 3020

03232

257

1. PLACE OF DEATH:

County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 year 7 months
 Hospital, institution, or street address where death occurred:
 Washington County Home
 How long in hospital or institution? 1 year 7 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Md. County..... Wash.
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2. (a) If veteran, name war.....

3. (a) FULL NAME

Ira Calmon

3. (b) Social Security Number

--

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) December 27, 1870

8. AGE:

Years

Months

Days

If less than one day

76

2

7

hrs.

min.

9. Birthplace

state of Penna.
 (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Harry Calmon

13. Birthplace

unknown

MOTHER

14. Maiden name

Anna Miller

15. Birthplace

unknown

16. Informant

Fred Long

Address

Hagerstown, Md.

17.

burial

(Burial, cremation, or removal. Which?)

Date thereof

3-6-47

(month) (day) (year)

Cemetery or

Washington County Home

Location

Hagerstown, Md.

18. Funeral director

Scott F. Minnich & Son

Address

Hagerstown, Md.

19.

(Date rec'd by registrar)

Mar. 6. 47

19

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH..... March 4, 1947, at 4:30p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2/1 1947 to 3/4 1947
 and that I last saw him alive on 2/26 1947

Immediate cause of death

DURATION

Due to

Hypertension
 Cardio-vascular
 renal disease

Sym

Due to

Other conditions

Myocardial
 decompensation
 (Include pregnancy within 3 months of death)

1 wk

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

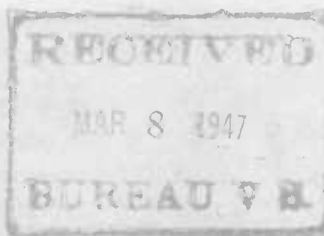
Injured at home, farm, industry, public place (where?)

Means of Injury injured at work?

23. SIGNATURE

Ernest F. Royle MD
 M. D. or other

Address..... Hagerstown Md Date signed 3/5/47



1-58

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1246

CERTIFICATE OF DEATH

Dr/ Hornbaker

288

03233

Reg. Dist. No. 3020

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 Years
 Hospital, institution, or street address where death occurred:
365 Central Ave
 How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 365 Central Ave
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

STANLEY ELLSWORTH CLARK

3. (b) Social Security Number

214-09-1252

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Myrtle
 7. Birth date of deceased (mo., day, yr.) December 17 1891 6. (c) If alive, give age 63 years
 8. AGE: Years 55 Months 3 Days 2 If less than one day _____ hrs. _____ min.

9. Birthplace Tilghmanton Wash. Co Md.
 (Town, county, and state)
 10. Usual occupation Book Binder
 11. Industry or business W.F. Pryor Co.

FATHER 12. Name John Clark
 13. Birthplace Funkstown Md.
 MOTHER 14. Maiden name Alice Rohrer
 15. Birthplace Tilghmanton Md.

16. Informant Mrs. Myrtle Clark
 Address Hagerstown Md.

17. Burial Date thereof 3/22/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Manor Cemetery
 Location near tilghmanton md.

18. Funeral director Andrew K. Coffman
 Address Hagerstown Md.

19. Mar. 22. 47 Black H. Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

P

20. DATE OF DEATH March 19 1947 19 _____ at 5.40 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
2-22-44 to 3-19-47
 and that I last saw him alive on 3-19-47

Immediate cause of death Cirrhosis of liver DURATION 4 yrs. (?)

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Manner of injury _____ Injured at work? _____

23. SIGNATURE John H. Hornbaker M.D.154 W. Washington St. M. D. or otherAddress Hagerstown Md. Date signed 3-20-47

RECEIVED

MAR 25 1947

BUREAU OF

1-50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

CERTIFICATE OF DEATH

★ 03234
Reg. Dist. No. 3020

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 61 years
 Hospital, institution, or street address where death occurred:
235 Alexander Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 233 Winter Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3.(a) FULL NAME

Anna Elizabeth Cooper

3.(b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Conley G. Cooper

7. Birth date of deceased (mo., day, yr.) July 4, 1883 6.(c) If alive, give age

8. AGE: Years 63 Months 8 Days 6 If less than one day
 hrs. min.

9. Birthplace Franklin County, Pa.
 (Town, county, and state)

10. Usual occupation Home Duties

11. Industry or business

12. Name Jacob Armstrong13. Birthplace Wash. Co., Md.14. Maiden name Margaret Carl15. Birthplace Wash. Co., Md.16. Informant Arthur E. NyeAddress 235 Alexander Street- Hagerstown, Md.

17. Burial Date thereof Mar. 13, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill CemeteryLocation Hagerstown, Md.18. Funeral director Fred W. KraissAddress Hagerstown, Md.

19. Mar. 13, 1947 Registrar Chas. H. Bowers
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10, 1947 7:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
December 1946 to Mar 10 1947
 and that I last saw him alive on Mar 10 1947

Immediate cause of death Pulmonary Hemorrhage DURATION 30 min

Due to Pulmonary Tuberculosis ?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert W. Campbell M.D. M. D. or otherAddress Hagerstown Md Date signed Mar 10/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 15 1947

BUREAU V &

1-50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(159)

CERTIFICATE OF DEATH

Reg. Dist. No. 03235 8020

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 112 North Avenue

(If rural, give LOCATION)

2. (a) If veteran, name war.

3. (a) FULL NAME

William Cooper Jr.

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) March 22, 1947

8. AGE: Years 0 Months 0 Days 0 If less than one day 15 hrs. 45 min.

9. Birthplace Hagerstown Washington Maryland
 (Town, county, and state)

10. Usual occupation

None

11. Industry or business

12. Name William Cooper13. Birthplace Charleston, S. Carolina14. Maiden name Arrie L. Hughes15. Birthplace Kingstree, S. Carolina16. Informant William CooperAddress 112 North Avenue- Hagerstown, Md.

17. Burial Date thereof Mar. 25, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill CemeteryLocation Hagerstown, Md.18. Funeral director Fred W. KraissAddress Hagerstown, Md.

19. Mar. 25, 47 Charles H. Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22, 1947 8:45 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 22 1947 to March 22 1947
 and that I last saw him alive on March 22 1947

Immediate cause of death

Prematurity

DURATION

14 hrs.

Due to Asphyxiation of approximately 6 mo.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. D. Layman, M.D.
100 Professional City Bldg M. D. or other
Hagerstown, Md. Date signed 29 Mar 47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 27 1947

BUREAU

1-50

William Cooper, Jr.

I am unable to read Dr. W.T.
Layman's writing. Will you
please complete the copy of
this certificate.

Thanks,

Chas. H. Bowers
Loc. Reg.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 466 X

CERTIFICATE OF DEATH

03236
Reg. Diat. No. 305-0

1. PLACE OF DEATH:

County... Washington
 City or town... Beaver Creek, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... 10 years
 Hospital, institution, or street address where death occurred:
Beaver Creek, Maryland
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State... Maryland County... Washington
 City or town... Beaver Creek
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... Boonsboro R.F.D. #2
 (If rural, give LOCATION)
 2(a) if veteran, name war

3. (a) FULL NAME

Emma Katherine Cosens

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Clarence A. Cosens
 6. (c) If alive, give age 70 years
 7. Birth date of deceased (mo., day, yr.) March 22, 1877
 8. AGE: Years 70 Months 0 Days 9 If less than one day
 hrs. min.

9. Birthplace Beaver Creek, Wash. Co. Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name George Harman
 13. Birthplace Myersville, Maryland
 MOTHER 14. Maiden name Martha Lum
 15. Birthplace Beaver Creek, Maryland

16. Informant Mrs. Catherine Ruble
 Address Beaver Creek, Maryland

17. Burial Burial Date thereof 4-2-47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown, Maryland

18. Funeral director C. M. Suter & Sons
 Address Hagerstown, Maryland

19. Apr. 2, 1947 John H. Park
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31, 1947 at 4:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 6, 1946 to March 31, 1947
 and that I last saw him alive on March 30, 1947

Immediate cause of death Carcinomatosis DURATION 6 months

Due to

Due to

Other conditions

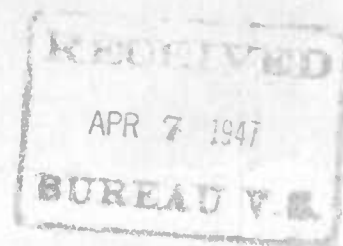
(Include pregnancy within 3 months of death)

Major findings of operations Adenocarcinoma of stomach
 Date of operation Jan. 9, 1946

Autopsy results no
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide X Date of X
 Where did injury occur? X (City or town) X (County) X (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE W. Howard Yeager M. D. or other
 Address Hagerstown, Md. Date signed Mar. 31, 1947



1-50

Mr. J. J. ...

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (MD)

CERTIFICATE OF DEATH

03237

Reg. Dist. No. 302

273

1. PLACE OF DEATH:

County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Wash. Co HospStay in hospital or inst. (yrs., or mos., or days) 15 daysStay in this community (yrs., or mos., or days) 72 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)Street No. 605 George St.
(If rural give LOCATION)2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME

Mrs. Rillie Virginia Davis

3. (b) Social Security Number

none

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widowed6 (b) Name of husband or wife Eugene

6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

Sept. 8, 1874

8. AGE:

Years

Months

Days

It less than one day

7267-- hrs. -- min.9. Birthplace Keedysville, Wash. Cty., Md.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business own home12. Name George Dixon13. Birthplace Keedysville, Md.14. Maiden name Susan Dixon15. Birthplace Keedysville, Md.16. Informant Mrs. Ralph HarneAddress Hagerstown, Md.17. Burial Date thereof Mar. 18, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Funkstown CemeteryLocation Funkstown, Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown, Md.19. Mar. 17, 1947 Blair H. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15, 1947, at UPH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 1, 1947, to March 15, 1947,and that I last saw her alive on 3/15/47

Immediate cause of death

Cardiac Decompensation DURATION 3 daysDue to Arteriosclerosis 20 years

Due to

Other conditions Fr. of RT. Hip 2 wks.

(Include pregnancy within 8 months of death)

Major findings: Fr. of RT. Hip.

Of operations

Of autopsy Arteriosclerotic CVD

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 3/16/47Where did injury occur? Hagerstown Wash Md
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) homeMeans of Injury Fell at home Injured at work?

23. SIGNATURE

J R W Dwyer MD
Address 135 N Potomac St Date signed 3/10/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 19 1947

BUREAU V S

1-50

Evidence for the change of
years of birth is shown **MARYLAND STATE DEPARTMENT OF HEALTH**
on
2411 N. Charles St., Baltimore (9342)
FILM No. G 110 MAY 21 1947 CERTIFICATE OF DEATH

03238

234

Reg. Dist. No. 3020

1. PLACE OF DEATH:

County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
925 Hamilton Blvd.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 925 Hamilton Blvd.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Anna May Welty Fahrney

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Norman E. Fahrney

6.(c) If alive, give age..... years
T. Birth date of deceased (mo., day, yr.) Dec. 1, 1867 1866

8. AGE: Years 80 Months 3 Days 18 ft less than one day
..... hrs. min.

9. Birthplace Fairplay, Washington, Md.
(Town, county, and state)

10. Usual occupation Home Duties

11. Industry or business

12. Name David Welty

13. Birthplace Washington Co. Md.

14. Maiden name Faura Shaffer

15. Birthplace Washington Co. Md.

16. Informant Mrs. Harper Good

Address 212 S. Potomac St. Waynesboro Pa

17. Burial Date thereof Mar. 21, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Manor Cemetery

Location Near Tilghmanton, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. Mar 21, 47 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18, 1947 1947 12:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 1944 to Mar 8 1947
and that I last saw him alive on Mar 8 1947

Immediate cause of death..... DURATION

Congestive Heart Failure

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Mans of injury Injured at work?

23. SIGNATURE..... M. D. or other

145 N. Main St. Mar 19, 47 Date signed.....

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 24 1947

BUREAU OF

1-50.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03239 255

Reg. Dist. No. 3020

1. PLACE OF DEATH:

County..... Washington
 City or town..... Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Life
 Hospital, institution, or street address where death occurred:
Funkstown Hill
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 714 Forrest Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Etta M. W. Foltz

3. (b) Social Security Number

4. Sex..... Female 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Widow
 6.(b) Name of husband or wife..... Ceits Foltz
 7. Birth date of deceased (mo., day, yr.)..... August 8, 1868

8. AGE: Years..... 76 Months..... 6 Days..... 26 It less than one day..... hrs. min.

9. Birthplace..... Funkstown, Wash. Co. Md.
 (Town, county, and state)

10. Usual occupation..... Housework

11. Industry or business

FATHER 12. Name..... John Williams
 13. Birthplace..... Funkstown, Maryland

MOTHER 14. Maiden name..... Margaret Kaylor
 15. Birthplace..... Funkstown, Maryland

16. Informant..... Mrs. Agness Beatty

Address..... Funkstown Hill, Maryland

17. Burial..... Burial Date thereof..... 3-6-47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Funkstown Cemetery

Location..... Funkstown, Maryland

18. Funeral director..... C. M. Suter & Sons

Address..... Hagerstown, Maryland

19. Mar. 6, 1947 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

A

20. DATE OF DEATH..... March 3, 1947 at 10:20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... 19..... to..... 19.....
 and that I last saw h..... er..... alive on..... Feb 28 1947..... 19.....

Immediate cause of death.....
Mitral stenosis & regurgitation
 Due to..... 10 yrs
generalized vascular arterio
 Due to..... 15 yrs
-sclerosis
chr. myocarditis
 Other conditions..... 6 yrs
myocardial failure
10 d
 (Include pregnancy within 3 months of death)

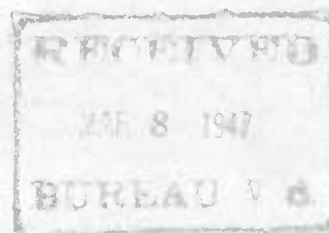
Major findings of operations..... Date of op.....

Autopsy results..... no
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide..... no..... Date of.....
 Where did injury occur?..... (City or town)..... (County)..... (State)

Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE..... S. Robert Mills, M.D.
 M. D. number.....
 Address..... Hagerstown, Md. Date..... Mar. 3-4-47



1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Wells

03240

289

Reg. Dist. No. 302.0

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 Days
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 2 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 544 George St.
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME

LESTER FRANKLIN FOX

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife --

7. Birth date of deceased (mo., day, yr.) January 5 1905 6. (c) If alive, give age -- years

8. AGE: Years 42 Months 1 Days 5 If less than one day -- hrs. -- min.

9. Birthplace Front Royal Forquernor Co Va.
 (Town, county, and state)
P ainter

10. Usual occupation --11. Industry or business --12. Name Henry J. Fox13. Birthplace Front Royal Va.14. Maiden name Anna Wine15. Birthplace Front Royal Va.16. Informant Mrs. Lelia CampbellAddress Hagerstown Md.

17. Burial Date thereof 3/22/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rest Haven CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.

19. Mar. 22, 1947 Registrar Charles H. Powers
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

P

20. DATE OF DEATH March 19 1947 19..... at 3.30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to 19.....

and that I last saw him alive on 19.....

Immediate cause of death

Open fracture skull 16 yrs.
operated 1931

Due to Brain cyst under fracture 30 hrs
replaced into left lat.

Due to neurosis
Cerebral thrombosis 20 hrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations no

Date of op.

Autopsy results as above 3/19/47

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide N.O. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Robert Wells DEPUTY MEDICAL EXAM.

WASH. CO., MD.

M. D. WellsAddress Hagerstown, Md. Date signed 3/20/47

RECEIVED

MAR 25 1947

RECEIVED

1-50

PLEASE, WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

03241 3060

1. PLACE OF DEATH:

County... WashingtonCity or town... Near Smithsburg
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: —How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... WashingtonCity or town... Near Smithsburg Md
(If outside city or town limits, write RURAL and give nearest town)Street No... none F A 2
(If rural, give LOCATION)2.(a) If veteran, name war... none

3. (a) FULL NAME

Eva H. Garmund

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

Widower

6.(b) Name of husband or wife

none

7. Birth date of deceased (Mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

9114— hrs. — min.

9. Birthplace

Myersville, Fred Co md
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

MOTHER

FATHER

12. Name

Daniel Garmund

13. Birthplace

Myersville, Fred Co md

14. Maiden name

Katherine Detrow

15. Birthplace

Near Myersville, Fred Co md

16. Informant

Mark Garmund

Address

Smithsburg md R.F.D.

17.

Burial

Date thereof

3-24-1947
(month) (day) (year)

Cemetery or crematory

Ev. B. Cemetery

Location

Myersville, Fred Co md

18. Funeral director

Geo. B. Hoover

Address

Smithsburg md

19.

Mar 23rd19 47Geo. W. Ferguson

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... Mar 21 1947 at 7 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 1 1947 to Mar 21 1947and that I last saw him alive on Mar 21 1947

Immediate cause of death

Pulmonary Edema DURATION 12 hrs

Due to

Cerebral Arterio Sclerosis 2 yrs

Due to

Other conditions

Prostatic Hypertrophy 10 yrs

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

G. G. K. O. K.

M. D. or other

Address... Smithsburg Date signed 3/22/47

RECEIVED

MAR 25 1947

BUREAU V B

1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 928

CERTIFICATE OF DEATH

Dr. Wells

03242

Reg. Dist. No. 8020

269

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 Years
 Hospital, institution, or street address where death occurred:
101 Cypress St.
 How long in hospital or institution? ---

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 101 Cypress St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

MRS. ARMATHA HARBAUGH GORDON

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Harry C. Gordon

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1869 6.(c) If alive, give age 78 years

8. AGE: Years 77 Months 5 Days 14 It less than one day --- hrs. --- min.

9. Birthplace Sabillasville Fredrick Co., Md.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Own Home12. Name Ephram Harbaugh13. Birthplace Sabillasville Md.14. Maiden name Harriet Eyler15. Birthplace Sabillasville Md.16. Informant Harry C. GordonAddress Hagerstown Md.

17. Burial Date thereof 3/14/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.

19. Mar. 13, 47 Leah H. Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11, 19 47, at 7:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 19 35 to Mar. 11 19 47
 and that I last saw h. alive on Mar. 11 19 47

Immediate cause of death

chr. generalized vascular 12 yrs
arteriosclerosis
Chr. vascular hypertension 12 yrs
Chr. myocarditis 12 yrs
mitral stenosis & regurgitation 4 yrs
 Other conditions acute ventricular fibrillation
 (Include pregnancy within 3 months of death)

Major findings of operations No

Date of op.

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. Robert Wells, M.D.Address Hagerstown, Md. Date signed 3/13/47

RECEIVED

MAR 18 1947

BUREAU V B.

1-50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

03243

302

1. PLACE OF DEATH:

County WASHINGTON
City or town HAGERSTOWN
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? LIFE
Hospital, institution, or street address where death occurred:
11 W. BALTIMORE ST.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MARYLAND County WASHINGTON
City or town HAGERSTOWN
(If outside city or town limits, write RURAL and give nearest town)
Street No. 11 W. BALTIMORE ST.
(If rural, give LOCATION)
2.(a) If veteran, name war NON-VET.

3. (a) FULL NAME

CORDELIA JOSEPHINE GOSSARD

3. (b) Social Security Number

NONE

4. Sex FEMALE 5. Color or race WHITE 6.(a) Single, married, widowed, or divorced MARRIED

6.(b) Name of husband or wife FINDLAY V. GOSSARD
6.(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) JULY 15, 1881

8. AGE: Years 65 Months 8 Days 11 If less than one day hrs. min.

9. Birthplace Leitersburg, Wash., Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name GEORGE W. HARTLE

13. Birthplace BEAVER CREEK MD.

14. Maiden name ELIZA GANTZ

15. Birthplace BEAVER CREEK MD.

16. Informant Geo D. Gossard son

Address Martinsburg, W. Va.

17. (Burial, cremation, or removal. Which?) Burial Date thereof 3/29/47
(month) (day) (year)

Cemetery or crematory Rose Hill

Location Hagerstown Md.

18. Funeral director Godford J. Hornum

Address Hagerstown Md.

19. March 28, 47 (Date rec'd by registrar) Registrar Godford J. Hornum

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1947 at 3:35 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 26 1947 to March 26 1947 and that I last saw him alive on March 26 1947

Immediate cause of death Hypertensive Crisis
Coronary disease

Due to Cerebral Hemorrhage Feb 26-47

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jedrey Noveste M. D. or other

Address Hagerstown Md. Date signed 3/27/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

306

RECEIVED

MAR 31 1947

BUREAU V B.

150

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Lusby

305

Reg. Dist. No.

03244

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 Hours

Hospital, institution, or street address where death occurred:

Washington County HospitalHow long in hospital or institution? 2 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 542 W. Church St.
 (If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

MRS MARGIE ELEANOR HALGASH

3. (b) Social Security Number

214-09-5433

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Michael6. (c) If alive, give age 37 years

7. Birth date of

deceased (mo., day, yr.)

May 30, 1913

8. AGE:

Years

33

Months

9

Days

27

If less than one day

-- hrs.-- min.9. Birthplace Hagerstown Washington Co. Md.
(Town, county, and state)10. Usual occupation Shoe Maker11. Industry or business Byron Shoe Co.12. Name Hugh Barrow13. Birthplace Winchester Va.14. Maiden name Nellie Frith15. Birthplace Winchester Va.16. Informant Michael HalgashAddress Hagerstown Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 3/29/47

(month) (day) (year)

Cemetery or crematory Rest Haven CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. Mar. 28, 47
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27, 1947 11:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

22 Feb 1947 to 27 March 1947and that I last saw her alive on 27 March 1947

Immediate cause of death

Carcinoma of cervix

DURATION

1 mo

Due to

Due to

Other conditions

Localized Peritonitis from
radium treatment

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma Cervix

Date of op.

Autopsy results

Same as stated above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J F Lusby

M. D. or other

Address 230 N PotomacDate signed 28 Mar 47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 31 1947

BUREAU V B.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

CERTIFICATE OF DEATH

Reg. Dist. No. 03245 302

1. PLACE OF DEATH:

County Washington
City or town Security
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
City or town Security
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

John Phillip Harness

3.(b) Social Security Number

213-10-6913

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20, 1881

8. AGE: Years 65 Months 11 Days 9 If less than one day hrs. min.

9. Birthplace Moorefield, W. Va.
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER 12. Name William W. Harness
13. Birthplace Moorefield, W. Va.

14. Maiden name Catherine Shearer
15. Birthplace Winchester, Virginia

16. Informant Paul Hammond
Address Maple Ave. Martinsburg, W. Va.

17. Burial Date thereof March 4, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hebron Cemetery
Location Capon Springs, W. Va.

18. Funeral director Fred W. Kraiss
Address Hagerstown, Md.

19. Mar. 3, 1947 Chas. H. Powers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1, 1947

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to 19... and that I last saw him alive on 19...

Immediate cause of death Coronary arterio sclerosis
Angina Pectoris

DURATION
1 yr
1 yr.

Due to Acute coronary occlusion

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. Robert Wells M. D. or other

Address Signatures Date signed 3/13/47

RECEIVED

MAR 5 1947

BUREAU

1-50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03246

Reg. Diat. No. 3020

1. PLACE OF DEATH:

County... Washington
 City or town... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 years
 Hospital, institution, or street address where death occurred:
426 N. Jonathan Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Washington
 City or town... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 426 N. Jonathan Street
 (If rural, give LOCATION)
 2. (a) If veteran, name war...

3. (a) FULL NAME

Maudie Emma Henry

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Negro

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Joshua J. Henry

6. (c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.)

April 4, 1884

8. AGE:

62

Years

11

Months

Days

1

It less than one day

hrs.

1

min.

9. Birthplace

Mt. Lena, Wash. Md.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Mike Taylor

13. Birthplace

Mt. Lena, Md.

MOTHER

14. Maiden name

Rebecca James

15. Birthplace

Mt. Lena, Md.

16. Informant

Joshua J. Henry

Address

426 N. Jonathan Street

17. Burial

Burial

Date thereof

3/8/47
(month) (day) (year)

Cemetery or crematory

Rose Hill Cemetery

Location

Hagerstown, Md.

18. Funeral director

William A. Downey

Address

291 Frederick St Hagerstown

19. Mar. 8.

47Chas. H. Brown

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4, 19 47, at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan - 19 47, to March 4 - 19 47
and that I last saw him alive on Feb 28 - 19 47

Immediate cause of death

Thrombosis

DURATION

Instant

Due to

Due to

Thyroid Gland

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Henry R. P. H. H.

M. D. or other

Address

Hagerstown MdDate signed 3/6/47

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 11 1947

RECEIVED

1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

03247

3047

1. PLACE OF DEATH:

County Washington
 City or town Hancock
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 years
 Hospital, institution, or street address where death occurred:
Main St., Hancock
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hancock
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Main St.
 (If rural, give LOCATION)
 2. (a) If veteran, name war —

3. (a) FULL NAME

Daniel Boone Hewett

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Emma A. Burnett Hewett
 6. (c) If alive, give age — years
 7. Birth date of deceased (mo., day, yr.) Mar. 10, 1882
 8. AGE: Years 64 Months 11 Days 24 If less than one day — hrs. — min.

9. Birthplace Plum Run, Fulton Co., Penna.
 (Town, county, and state)
 10. Usual occupation Laborer
 11. Industry or business —

FATHER
 12. Name Jacob Calvin Hewett
 13. Birthplace unknown
 MOTHER
 14. Maiden name Rachel Culler
 15. Birthplace Plum Run, Fulton Co., Penna.

16. Informant Mrs. Emma Hewett
 Address Main St., Hancock, Md.
 17. Burial Date thereof Mar. 10, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Antioch Christian Church
 Location Fulton Co., Penna. - near Hancock, Md.
 18. Funeral director Charles R. Bast
 Address Hancock, Md.

3/8/47 19 John Heller
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 6 1947 at 10:30 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 1 1947 to Mar 6 1947
 and that I last saw him alive on Mar 1 1947

Immediate cause of death chronic myocarditis
 Due to arteriosclerosis
 Due to —
 Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —
 Autopsy results —
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide — Date of —
 Where did injury occur? — (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) —
 Means of injury — Injured at work? —

23. SIGNATURE H. W. Shaffer M.D. or other —
 Address Hancock, Md. Date signed 3/8/47

RECEIVED

MAR 12 1947

BUREAU 6

1-50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 630

CERTIFICATE OF DEATH

03248

Reg. Dist. No. 3040

1. PLACE OF DEATH:

County Washington
City or town Hancock
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 mo.
Hospital, institution, or street address where death occurred:
Blue Hill, Hancock.
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 116 W. BeThe1 St.
(If rural, give LOCATION)
2.(a) If veteran, name war —

3. (a) FULL NAME

Emma Roseala Hipkens

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife John Hipkens 6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1893

8. AGE: Years 53 Months 4 Days 22 It less than one day — hrs. — min.

9. Birthplace Hancock, Wash. Co., Md.
(Town, county, and state)

10. Usual occupation Domestic Servant

11. Industry or business —

12. Name Henry Williams

13. Birthplace Virginia

14. Maiden name Louisa Reed

15. Birthplace Hancock, Md.

16. Informant Mrs. Reymus L. Moxley

Address Hancock, Md.

17. Burial Date thereof Mar. 7, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Riverview

Location Hancock, Md.

18. Funeral director Charles R. Bast

Address Hancock, Md.

19. 3/6/47 (Date rec'd by registrar)

Registrar J. A. Heller

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4, 1947, at 2:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-15-1947 to 3-4-1947 and that I last saw him alive on 2-27-47

Immediate cause of death Pulchral Embolism

Due to mitral stenosis

Due to —

Other conditions Hypertension
Arteritis
(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of Injury — Injured at work? —

23. SIGNATURE Herbert R. Tobias M.D. M. D. or other —

Address Hancock Md Date signed 3-4-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 8 1947
BUREAU VS

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Evidence for change of
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

03249

HLM No. G 110 MAY 14 1947

CERTIFICATE OF DEATH

Reg. Dist. No. 3010

1. PLACE OF DEATH:
County Washington Co
City or town Williamsport R.F.D. #2
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? lifetime
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
Maryland Washington
State Williamsport Md R.F. D. #2
County Washington
City or town Williamsport Md R.F. D. #2
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME
Amanda True Hoffman

3.(b) Social Security Number

4. Sex Female
5. Color or race white
6.(a) Single, married, widowed, or divorced married
6.(b) Name of husband or wife Guy Hoffman
6.(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) July 23 1897
8. AGE: Years 49 Months 50 Days 8 If less than one day 3 hrs. min.

9. Birthplace Williamsport Md
(Town, county, and state)
10. Usual occupation housewife

11. Industry or business home

FATHER 12. Name Omer Wilbur Anderson
13. Birthplace Maryland

MOTHER 14. Maiden name Mary Virginia Ridenour
15. Birthplace Maryland

16. Informant Guy Hoffman

Address Williamsport Md, R.F.D. # 2

17. burial Williamsport March 23 1947
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Green lawn cem

Location Willia.msport Md.
Edith V. Leaf

18. Funeral director

Address Williamsport Md
March 23 19 47 Edith V. Leaf
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/20/47 19 30 at 3 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/27/47 to 3/20/47 and that I last saw him alive on 3/20/47

Immediate cause of death Cerebral

Apoplexy

Due to Hypertension

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Edith V. Leaf M. D. or other

Address Williamsport Md Date signed 3/21/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 26 1947
BUREAU V 8

1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

Dr. Weitty

03250

270

Reg. Dist. No. 3020

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 Days
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 5 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 555 South Potomac St
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

Irwin Frederick Hoffman Sr.

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Mary Maisack
 6.(c) If alive, give age 51 years
 7. Birth date of deceased (mo., day, yr.) July 26 1887
 8. AGE: Years 59 Months 7 Days 17 If less than one day
 hrs. min.

9. Birthplace Milford Worcester Co. Mass.
 (Town, county, and state)

10. Usual occupation Insurance

11. Industry or business Own Business

FATHER 12. Name Frederick Hoffman
 13. Birthplace Holliston Mass.

MOTHER 14. Maiden name Emma J. Nichols
 15. Birthplace Upton Mass.

16. Informant Irwin F. Hoffman Jr.
 Address Hagerstown Md.

17. Burial 3/15/47
 (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown Md.
Andrew K. Coffman

18. Funeral director Hagerstown Md.
 Address

19. Mar. 15, 1947
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

P

20. DATE OF DEATH March 13 1947 19 47 at 2.10 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 5 1947 to March 13 1947
 and that I last saw him alive on March 13 1947

Immediate cause of death Myocardial Infarction DURATION 2 weeks
 Due to hypertension - Coronary Arteriosclerosis
Heart Disease 1 year
 Due to
 Other conditions Diabetes mellitus 2 years
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Salem M. Weitty M.D.
 Address Hagerstown Md Date signed 3-14-47

RECEIVED

MAR 18 1947

BUREAU V B.

1-52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Wells

CERTIFICATE OF DEATH

Reg. Dist. No. 03251

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

29 S. Foundry St.

How long in hospital or institution?

None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 29 S. Foundry

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

Harrison E. Hornbaker

3. (b) Social Security Number

220-10-3487

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widower

6. (b) Name of husband or wife

Martha

7. Birth date of deceased (mo., day, yr.)

July 24 1888

8. AGE:

Years

58

Months

7

Days

29

If less than one day

hrs.

min.

9. Birthplace

Mercersburg Franklin Co. Pa.

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

McCrory Store

MOTHER FATHER

12. Name

Aaron Hornbaker

13. Birthplace

Mercersburg Pa.

14. Maiden name

Ellen Snyder

15. Birthplace

Mercersburg Pa.

16. Informant

Marvin Cooke

Address

Hagerstown Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

8/26/47

(month) (day) (year)

Cemetery or crematory

Church of God Cemetery

Location

near Mercersburg Pa.

18. Funeral director

Andrew K. Coffman

Address

Hagerstown, Md.

19.

Mar. 25, 1947

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION about

20. DATE OF DEATH March 23 1947 at LA M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw h..... alive on

19

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

DEPUTY MEDICAL EXAM.

WASH. CO., MD.

M. D.

Date signed

3/24/47

RECEIVED

MAR 27 1947

RECEIVED

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 74

CERTIFICATE OF DEATH

Dr. Kneisley

03252

Reg. Diat. No. 3020

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 Years
 Hospital, institution, or street address where death occurred:
272 1/2 S. Potomac St.
 How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 272 1/2 S. Potomac
 (If rural, give LOCATION)
 2.(a) If veteran, name war No

3. (a) FULL NAME

Miss Eva Kate Humrichouse

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife None
 7. Birth date of deceased (mo., day, yr.) February 4, 1872
 8. AGE: Years 75 Months 1 Days 25 If less than one day
 hrs. min.

9. Birthplace Funkstown, Wash. Co. Md.
 (Town, county, and state)
 10. Usual occupation House Work
 11. Industry or business House Work
 FATHER 12. Name Edward B. Humrichouse
 13. Birthplace Hagerstown, Md.
 MOTHER 14. Maiden name Amelia Knode
 15. Birthplace Hagerstown, Md.

16. Informant Miss Anna L. Humrichouse
 Address Hagerstown, Md.
 17. Burial Date thereof 3/31/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown, Md.
 18. Funeral director Andrew K. Coffman
 Address Hagerstown, Maryland
 19. Mar. 31, 1947 Chas. H. Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29, 1947 at 2:30 A
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 26, 1947 to March 29, 1947
 and that I last saw him/her alive on March 29, 1947
 Immediate cause of death Coronary Occlusion
 DURATION 5min.
 Due to
 Due to
 Other conditions Bronchitis Acute 4days
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE B. B. Kneisley M. D. or other
 Address 148 W. Wash St Date signed 3/29/47

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APR 3 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

03253

3070

1. PLACE OF DEATH:

County Washington
 City or town Fridleyburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8. hours
 Hospital, institution, or street address where death occurred: -
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Fridleyburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. -
 (If rural, give LOCATION)
 2.(a) If veteran, name war -

3. (a) FULL NAME

Emma. Florena. Hand

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female white Widowed

6.(b) Name of husband or wife -7. Birth date of deceased (mo., day, year) 3-3-1900 6.(c) If alive, give age - years

8. AGE: Years Months Days If less than one day
66 3 - - hrs. - min.

9. Birthplace Old Forge
(Town, county, and state)10. Usual occupation Housekeeping

11. Industry or business

12. Name Franklin Pierce Dayhuff13. Birthplace Fred County, Md14. Maiden name Martha Ellen Bahr15. Birthplace Fred. County, Md18. Informant Clarena HandAddress Hagerstown R.F.D.17. Burial Date thereof 3-6-1947
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Chewsville andLocation Chewsville and18. Funeral director Glenn B. HooperAddress Smithsburg and19. Mar. 4, 1947 Registrar Chas. H. Bowers
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1947 at 11:30 p.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 15-46 19- to Mar 3 1947and that I last saw her alive on March 2 1947Immediate cause of death Cerebral Hemorrhage DURATION Oct 15-46Due to Hypertensive Cardio-vascular diseaseDue to -Other conditions -

(Include pregnancy within 3 months of death)

Major findings of operations - Date of op. -Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -Means of Injury - Injured at work? -23. SIGNATURE Sidney Hovester MD M. D. or otherAddress Washington Md Date signed 3/4/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Md

CERTIFICATE OF DEATH

Reg. Dist. No.

03254

3030

1. PLACE OF DEATH:

County WashingtonCity or town Clear Spring
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Residence- Clear Spring, Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Clear Spring, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Laura Marker Hurd

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow6. (b) Name of husband or wife William H. Hurd

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 16, 18638. AGE: Years 83 Months 5 Days 13 If less than one day
..... hrs. min.9. Birthplace Frederick County, Md.
(Town, county, and state)10. Usual occupation Home Duties

11. Industry or business

12. Name Joseph Marker13. Birthplace Fredk. Co., Md.14. Maiden name Susan Kline15. Birthplace Fredk. Co., Md.16. Informant Mrs. William MurrayAddress Clear Spring, Md.17. Burial (Burial, cremation, or removal, Which?) Mar. 5, 1947
(month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Hagerstown, Md.18. Funeral director Fred W. KraissAddress Hagerstown, Md.19. March 5, 47 Joseph W. Murray
(Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1, 1947 19 6:40 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Jan 15, 1947 to Mar 1, 1947
and that I last saw him alive on Mar 1, 1947

Immediate cause of death

Chronic Cardiac Failure
Due to Chr. Valvular Disease
Due to Arterio Sclerosis
Other conditions

DURATION

16 hrs.
1 year
5 yrs.
10 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

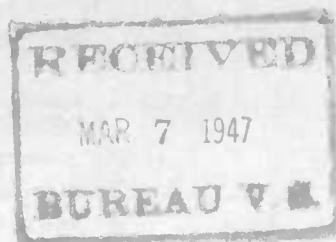
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE David P. Brewer M.D.Address Clear Spring Md Date signed 3/3/47



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 102

CERTIFICATE OF DEATH

Reg. Dist. No. 3070

1. PLACE OF DEATH:

County Washington
City or town Zittletown - Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 53 years
Hospital, institution, or street address where death occurred Boonsboro Md. R. 2
How long in hospital or institution? at home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Washington
City or town Zittletown - Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. Boonsboro Md. R. 2
(If rural, give LOCATION)
2. (a) If veteran, name war no

3. (a) FULL NAME

Effie May Hutzell

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Joseph C. Hutzell

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August - 28 - 1873

8. AGE: Years 73 Months 6 Days 5 If less than one day hrs. min.

9. Birthplace Wolfsville Fred. Co. Md.
(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business Own Home

12. Name Isaac Moser

13. Birthplace Wolfsville Fred. Co. Md.

14. Maiden name Elizabeth Shank

15. Birthplace Wolfsville Fred. Co. Md.

16. Informant Joseph C. Hutzell

Address Boonsboro Md. R. 2

17. Burial Date thereof March 6, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Boonsboro Cemetery

Location Boonsboro Md.

18. Funeral director Wm. J. Best & Sons

Address Boonsboro Md.

19. March 5, 1947 John W. Best
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3, 1947, at 9:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 6, 1946 to March 3, 1947

and that I last saw him alive on February 27, 1947

Immediate cause of death Arterial Hypertension

DURATION

9 mos.

Due to Arterial Hypertension

Due to Arterial Hypertension

Other conditions Arterial Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations Arterial Hypertension

Date of op. Arterial Hypertension

Autopsy results Arterial Hypertension

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Arterial Hypertension Date of Arterial Hypertension

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Arterial Hypertension

Means of injury Arterial Hypertension Injured at work?

23. SIGNATURE Isaac Moser M.D.

Address Boonsboro Md. Date signed 3/5/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Waddy

RECORDED
MARIO 1947
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03256

Reg. Dist. No. 3020

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 years

Hospital, institution, or street address where death occurred:

66 Winter Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. 66 Winter St.
(If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Bernard S. Irvine

3. (b) Social Security Number

705-10-7463

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Mary E. Irvine

7. Birth date of

deceased (mo., day, yr.)

May 18, 1888

6. (c) If alive, give age years

8. AGE:

Years

58

Months

9

Days

15

If less than one day

hrs. min.

9. Birthplace

Glen Rock, Pa.
(Town, county, and state)

10. Usual occupation

Dispersement Accountant

11. Industry or business

Western Md. R.R. Co.

MOTHER

FATHER

12. Name

Armstrong H. Irvine

13. Birthplace

New Kingston, Pa.

14. Maiden name

Cora E. SeitzPa.

15. Birthplace

18. Informant

Mrs. Mary E. Irvine

Address

66 Winter St. Hagerstown, Md.

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof Mar. 8, 1947
(month) (day) (year)

Cemetery or crematory

Rose Hill Cemetery

Location

Hagerstown, Maryland.

18. Funeral director

Fred W. Kraiss

Address

139 N. Potomac St. Hagerstown, Md.

19.

Mar. 8, 1947
(Date rec'd by registrar)Charles H. Bowser
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 5 1947 at 5:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 8, 1944 to March 5, 1947
and that I last saw him alive on Feb. 24, 1947

Immediate cause of death

Coronary Occlusion

DURATION

1.5 Mo.

Due to

Arteriosclerosis
Angina pectoris

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op. —Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. Howard George
Hagerstown, Md.

M. D. or other

Date signed Mar. 6, 1947

RECEIVED
MAR 11 1947
BUREAU OF

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Correct age is especially important. Physician-please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

Dr. Hirshman

265

 ★ 03257
 Reg. Dist. No. 3020

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 Months
 Hospital, institution, or street address where death occurred:
618 George St.
 How long in hospital or institution? --

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 618 George St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

JOHN WILLIAM JONES

3. (b) Social Security Number

NONE

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Blanche
 6. (c) If alive, give age -- years
 7. Birth date of deceased (mo., day, yr.) July 2, 1857
 8. AGE: Years 89 Months 8 Days 9 If less than one day -- hrs. -- min.

9. Birthplace Ellicott City, Howard Co. Maryland
 (Town, county, and state)

10. Usual occupation Farmer11. Industry or business Retired12. Name No Record13. Birthplace No Record14. Maiden name No Record15. Birthplace No Record16. Informant Mrs. Mary LongAddress Hagerstown Md.

17. Burial Date thereof 3/13/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.

19. Mar. 13, 47 Chas. H. Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11, 1947 12:15P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased March 8 to March 11
 and that I last saw him alive on March 11

Immediate cause of death PneumoniaDURATION 5 days

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. W. W. W. M. D. or otherAddress 159 W. Washington St. Date signed 3/12/47

RECEIVED

MAR 15 1947

BUREAU V B

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (727)

CERTIFICATE OF DEATH

*03258

Reg. Dist. No. 3020

1. PLACE OF DEATH:

County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 59 years
Hospital, institution, or street address where death occurred:
Kuhn Avenue
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. Kuhn Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war First World War

3. (a) FULL NAME

Oscar O. Jones

3. (b) Social Security Number

235-12-1244

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Catherine Jones

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 6, 18 87

8. AGE: Years 59 Months 5 Days 10 If less than one day hrs. min.

9. Birthplace Funkstown, Wash. Co., Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name Nicklas Jones

13. Birthplace Washington County, Maryland

14. Maiden name Susan Kendall

15. Birthplace Washington County Maryland.

16. Informant Mrs. Catherine Jones

Address Kuhn Ave. - Hagerstown, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof March 19, 1947
(month) (day) (year)

Cemetery or crematory Broadfording Cemetery

Location Near Cearfoss, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Maryland.

19. Mar. 19, 47 (Date rec'd by registrar) Registrar Heath Boover

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15, 1947 5:00, at A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 18, 1946 to March 15, 1947

and that I last saw him alive on March 14, 1947

Immediate cause of death Chronic Endocarditis DURATION 121

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Maana of Injury Injured at work?

23. SIGNATURE P. J. McKillop M. D. or other

Address Hagerstown Md Date signed 3/15/47

RECEIVED

MAR 20 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (7)

CERTIFICATE OF DEATH

Reg. Dist. No. 3020

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 years
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 15 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 23 Elizabeth Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Romus Edgar Keadle

3. (b) Social Security Number

705-10-6829

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Sophia E. Keadle
 6. (c) If alive, give age 70 years
 7. Birth date of deceased (mo., day, yr.) December 31, 1876
 8. AGE: Years 70 Months 2 Days 0 If less than one dayhrs.min.

9. Birthplace Virginia
 (Town, county, and state)
 10. Usual occupation Aircraft Worker
 11. Industry or business Fairchild's Aircraft
 12. Name George Keadle
 13. Birthplace Unknown
 14. Maiden name Christine Emerson
 15. Birthplace Unknown

16. Informant Mrs. Romus Keadle
 Address Hagerstown, Maryland
 17. Burial Burial Date thereof 3-12-47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown, Maryland
 18. Funeral director C. M. Suter & Sons
 Address Hagerstown, Maryland

19. Mar. 11, 1947 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-9-47 at 6:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1942 to 3-9-47
 and that I last saw him alive on 3-9-47

Immediate cause of death Rupture of Thoracic aneurysm with massive hemorrhage
 Due to Dissecting aneurysm of Thoracic aorta
 Due to.....
 Other conditions.....

DURATION

15 minutes

Unknown

- probably 1 to 2 yrs.

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results As above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John H. H. Baker, M.D.

154 W. Washington St. M. D. or other
 Address Hagerstown, Md. Date signed 3/10/47

RECEIVED

MAR 13 1947

BUREAU OF

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1867

CERTIFICATE OF DEATH

Reg. Dist. No.

03260

3026

287

1. PLACE OF DEATH:

County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Washington County Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Penna. County Franklin
City or town Chamberburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. City
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

James King

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Katherine King

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1882

8. AGE: Years 55 Months 2 Days 9 If less than one day
hrs. min.

9. Birthplace Edgemont, Washington, Md.
(Town, county, and state)

10. Usual occupation Employee W. M. R. R.

11. Industry or business

12. Name Ralph A. King

13. Birthplace Penna.

14. Maiden name Mary Campbell

15. Birthplace Penna.

16. Informant Mrs. Katherine King

Address Chambersburg, Penna.

17. Burial Date thereof March 26, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Norland Cemetery

Location Chambersburg, Penna.

18. Funeral director Barbour

Address Chambersburg, Penna.

19. Mar. 22, 1947 Registrar Chas. Bowers
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21, 1947 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19 to 19
and that I last saw him alive on 19

Immediate cause of death
Multiple closed fractures of pelvic bones of open fracture of acetabulum rupture of diaphragm rupture of aorta internal hemorrhage and shock.
Other conditions

DURATION

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy as above March 21, 1947

PHYSICIAN

Please underline the cause in which death should be charged statisti-

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Mar. 21/47
Where did injury occur? Hagerstown Wash. Ind.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) W. Md. R.R. 1 Loop

Means of death Air Pump fell on abdomen Injured at work? yes

23. SIGNATURE St. Robert & Wells by Mrs. Wash. Co. Ind. Deputy med

Address Hagerstown, Ind. M. D. or yes

Date signed 3/21/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 25 1947

HEAD V R

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Ditto

03261

Reg. Dist. No. 3020

1. PLACE OF DEATH:

County... Washington
 City or town... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 Years
 Hospital, institution, or street address where death occurred:
815 Summit Ave.
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Washington
 City or town... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 815 Summit Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war... None

3. (a) FULL NAME

CHARLES HENRY LEAR

3. (b) Social Security Number

717-07-9388

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Carrie V. Lear
 5. (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) October 12, 1884

8. AGE: Years 62 Months 4 Days 24 If less than one day
 — hrs. — min.

9. Birthplace Carlisle, Cumberland Co., Pa.
 (Town, county, and state)

10. Usual occupation Conductor

11. Industry or business Pennsylvania Railroad

FATHER 12. Name Warner Touson Lear

13. Birthplace Carlisle Pa.

MOTHER 14. Maiden name Jennie Calhman

15. Birthplace Carlisle Pa.

16. Informant Mrs. Carrie V. Lear

Address Hagerstown Md.

17. Burial Date thereof 3/9/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Mar 9 1947 6 East Howard
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6, 1947, at 10:50 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 - 46 to Mar 6 - 47 and that I last saw him alive on Mar 6 - 47 1947

Immediate cause of death..... DURATION

Chr. Myocarditis 2 yrs

Due to General arterio sclerosis 6 yrs

Due to Coronary artery of heart 3 mo

Other conditions Age

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Swartz M. D. or other

Address Hagerstown Md. Date signed 3/9/47

RECEIVED
MAR 11 1947
B HEAD

1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03262

Reg. Dist. No. 3010

1. PLACE OF DEATH:

County Washington CoCity or town Williamsport Md
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

George B. McClellan Long

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widower

6. (b) Name of husband or wife

Mary Long

6. (c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.) June 8 1863

8. AGE:

Years

Months

Days

If less than one day

8394

hrs. min.

9. Birthplace

Williamsport Md

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

Streets Town

FATHER

12. Name

Dont know

13. Birthplace

Dont know

MOTHER

14. Maiden name

Dont know

15. Birthplace

Dont know

16. Informant

Mrs Harry Rockwell

Address

103 S. Vermont St.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

June 15 1947
(month) (day) (year)

Cemetery or crematory

Riverview Cem

Location

Williamsport Md

18. Funeral director

Edith V. Leaf

Address

Williamsport Md

19.

3/15-47
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Williamsport
(If outside city or town limits, write RURAL and give nearest town)Street No. 103 S. Vermont St.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/12/47 19... at 1 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3/11/47 19... to 3/13/47 19...

and that I last saw him alive on 19...

Immediate cause of death

Cerebral

DURATION

2 Days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. F. Goring
M. D. or other

Address

Williamsport, Md
Date signed 3/14/47

RECEIVED

MAR 18 1947

BUREAU OF

1-58

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

03263

3020

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 years
 Hospital, institution, or street address where death occurred:
32 N. Mulberry Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 32 N. Mulberry St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Mary Ann Long

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife John N. Long
 6.(c) If alive, give age years
 T. Birth date of deceased (mo., day, yr.) Sept. 25, 1877

8. AGE: Years 69 Months 5 Days 18 If less than one day
 hrs. min.

9. Birthplace Berkley County, W. Va.
 (Town, county, and state)

10. Usual occupation Home Duties

11. Industry or business

12. Name William H. Butts
 13. Birthplace Berkley Co., W. Va.

14. Maiden name Elizabeth Myers
 15. Birthplace Berkley Co., W. Va.

16. Informant John N. Long
 Address 32 N. Mulberry St.- Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Mar. 18, 1947
 (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss
 Address Hagerstown, Md.

19. Mar. 18, 1947 Registrar Charles H. Howard
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15, 1947 11:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19....., to 19.....
 and that I last saw him alive on 19.....

Immediate cause of death DURATION
chr. bronchial asthma
chr. myocarditis
 Due to
chr. vascular hypertension 2yrs
 Due to
acute cerebral hemorrhage
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results..... no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... no Date of
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Mans of injury Injured at work?

23. SIGNATURE S. Robert W. ... MEDICAL EXAM.
Hagerstown, Md. WASH. CO. MD.
 Address Date signed 3/17/47

MARGIN RESERVED FOR BINDING

I

VS A15 9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 20 1947

BUREAU V A

1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Zimmerman

03264

Reg. Dist. No. 3010

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown R 32
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 1/2 years
 Hospital, institution, or street address where death occurred:
near Williamsport
 How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown R # 2
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. near Williamsport
 (If rural, give LOCATION)
 2(a) If veteran, name war None

3. (a) FULL NAME

JOSEPH THOMAS LUTTRELL

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower
 6. (b) Name of husband or wife Mary
 6. (c) If alive, give age - years
 7. Birth date of deceased (mo., day, yr.) September 24 1864
 8. AGE: Years 82 Months 6 Days 6 If less than one day - hrs. - min.

9. Birthplace Shockeysville Fred. Co. Va.
 (Town, county, and state)
 10. Usual occupation Carpenter
 11. Industry or business Own Employ
 MOTHER FATHER
 12. Name Stewart Luttrell
 13. Birthplace Shockeysville Va.
 14. Maiden name Alvina Alexander
 15. Birthplace Shockeysville Va.

16. Informant Joseph Luttrell
 Address Hagerstown Md. R # 2
 17. Burial Date thereof 4/1/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Shockeysville cemetery
Shockeysville Va.
 Location
 18. Funeral director Andrew K. Coffman
 Address Hagerstown Md.
 19. 3/31/47 E. Lee McElroy
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1947 19 - at 2 A M

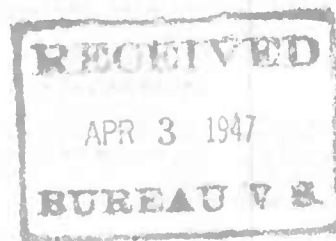
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 20 19 47 to Mar. 30 19 47
 and that I last saw him alive on Mar. 29 19 47

Immediate cause of death Cerebral Hemorrhage DURATION 10 hours
 Due to -
 Due to -
 Other conditions Hypertension - 10 days
 (Include pregnancy within 3 months of death)

Major findings of operations - Date of op. -Autopsy results - PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide - Date of -
 Where did injury occur? - (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) -
 Means of injury - Injured at work? -

23. SIGNATURE Dr. Zimmerman M. D. or other -
 Address Williamsport Md. Date signed 3/31/47



1-50

Birth & Death

03265

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF STILLBIRTH

Reg. Dist. No. 3020

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street address, hospital, or institution:
Washington County Hospital
Length of mother's stay in County.....
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 795 Hamilton Blvd.
(If RURAL give LOCATION)

3. Name of child Not Named

4. Date of birth Mar 18 1947 Hour 3:30 P.M.

5. Sex Male | 6. Twin or triplet.....

7. No. of weeks pregnancy 28

FATHER OF CHILD

8. Full name Adolph Marcus
9. Color W 10. Age at time of this birth.....yrs.
11. Usual occupation Tool Maker

MOTHER OF CHILD

12. Full maiden name Dolores Del Genio
13. Color W 14. Age at time of this birth.....yrs.
15. Usual occupation Home Duties

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 0
(b) How many other children were born alive but are now dead? 0 (c) How many other children were born dead? 0

17. Did child die before labor? no During labor? no

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

18. Pregnancy, complications of premature labor

(a) Fetal causes Prematurity, Pulmonary edema
(b) Maternal causes

19. Labor: (a) Complications of none

(b) Induced? no

20. (a) Was there an operation for delivery? no

(Yes or No)

(b) State all operations, if any.....

(c) Did child die before operation?.....

During operation?.....

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

Signature Robert V. Campbell
(Specify if M. D., midwife, or other)

Address Hagerstown Md.

23. (a) Burial (b) Date thereof Mar. 18, 1947
(Burial, cremation or removal) (month) (day) (year)

(c) Cemetery or crematory Hebrew Cemetery

25. (a) Mar. 20, 1947 (b) Chas. H. Bowers
(Date rec'd by registrar) (Registrar)

24. (a) Funeral director Fred W. Kraiss

(b) Address Hagerstown, Maryland

26. (To be filled out if no physician was present at delivery.)
The above certificate has been examined by me.

Health Officer, per.....

* See Instruction C on stub.

Child lived 8 hours

V. S. A10

RECEIVED

MAR 22 1947

BUREAU

1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Ralph Young

298

03266

3030

Reg. Dist. No.

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 Hours

Hospital, institution, or street address where death occurred:

Washington County HospitalHow long in hospital or institution? 8 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 440 Carrollton Ave

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

MRS JENNEVIEVE BISHOP McSHERRY

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife J. Floyd7. Birth date of deceased (mo., day, yr.) May 23 19016.(c) If alive, give age 54 years

8. AGE: Years Months Days If less than one day

45929hrs.min.9. Birthplace East Liverpool Columbiana Co.(Town, county, and state) Ohio10. Usual occupation Housewife11. Industry or business Own Home12. Name Charles Bishop13. Birthplace East Liverpool Ohio14. Maiden name Cecelia Marshall15. Birthplace East Liverpool Ohio16. Informant J. Floyd McSherryAddress Hagerstown Md.17. Burial Date thereof 3/26/47

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. Mar 26 47 Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

P

20. DATE OF DEATH March 22 1947 19. 11 40 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3/22/47 19. 11 40 Mand that I last saw her alive on 3/22/47 19. 11 40 MImmediate cause of death Coronary Occlusion

DURATION

12 hrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Ralph YoungAddress Williamstown, Md.Date signed 3/26/47

RECEIVED
MAR 28 1947
BUREAU V S.

1-50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (932)

CERTIFICATE OF DEATH

★ 03267

Reg. Dist. No. 3020

1. PLACE OF DEATH:

County WashingtonCity or town Hagistown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

315 West Side AvenueHow long in hospital or institution? at Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Spilhaus Station Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Fairplay P.O.
(If rural, give LOCATION)2.(a) If veteran, name war no.

3. (a) FULL NAME

Mary Catherine Metz

3. (b) Social Security Number

none

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White married6. (b) Name of husband or wife Victor M. Metz6. (c) If alive, give age 8 years7. Birth date of deceased (mo., day, yr.) August-15-18928. AGE: Years 54 Months 7 Days 3 It less than one day hrs. min.9. Birthplace Keedysville Wash. Co. Md.
(Town, county, and state)10. Usual occupation House wife11. Industry or business Own Home12. Name Hamilton Miller13. Birthplace Wash. Co. Md.14. Maiden name Martha Wade15. Birthplace Wash. Co. Md.16. Informant Victor M. MetzAddress Fairplay Md.17. Burial Date thereof March 22, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Manor CemeteryLocation near Spilhaus Station Md.18. Funeral director Wm. J. Baer & SonsAddress Boonsboro Md.19. Mar 19, 47 Beast Powers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 18-47 19... at 7 P. M21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Mar 17-47 19... to Mar 18-47 19...and that I last saw him alive on Mar 18-47 19...

Immediate cause of death

DURATION

Hydro nephrosis Bilateral 6 mo

Due to

Due to Ch. Myocarditis 2 yr

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. J. Baer M. D. or otherAddress Hagerstown Date signed 3/18/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 22 1947

BUREAU OF

1-50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03268 3020

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 14 days
 Hospital, institution, or street address where death occurred:
Washington Co. Hospital Hagerstown
 How long in hospital or institution? 14 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Penna County County of Franklin
 City or town Mercersburg Pa.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war WWI

3. (a) FULL NAME

Moses H. Miller

3. (b) Social Security Number

199-07-9434

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Widower

6. (b) Name of husband or wife wife dead7. Birth date of deceased (mo., day, yr.) May 10 - 1875 8. (c) If alive, give age _____ years

8. AGE: Years 71 Months 10 Days 6 If less than one day _____ hrs. _____ min.

9. Birthplace Franklin Co. Pa.
(Town, county, and state)10. Usual occupation Farmer (Retired)11. Industry or business 112. Name Daniel Miller13. Birthplace Franklin Co. Pa.14. Maiden name Sarah Keller15. Birthplace Franklin Co. Pa.16. Informant Howard A. MillerAddress 142 Broadway Hagerstown Md17. Burial Date thereof March 19 - 47
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Fair View CemeteryLocation Mercersburg Pa.18. Funeral director Mr. LiningerAddress Mercersburg Pa.19. Mar. 17 - 19 47 Charles Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1947 at 2:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 Feb 1947 to 16 Mar 1947
 and that I last saw him alive on 15 Mar 1947

Immediate cause of death arterio-sclerotic cardiovascular disease

DURATION

years

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. J. Busby M. D. or otherAddress 230 N. Potomac Date signed 17 Mar 47

MARGIN RESERVED FOR BINDING

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

I, _____, Registrar of Births and Deaths, do hereby certify that _____

I, _____, Physician, do hereby certify that _____

was born on _____ at _____

and died on _____ at _____

of _____

caused by _____

at _____

at _____

RECEIVED
MAR 19 1947
BCHLA

1-50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03269 3020

1. PLACE OF DEATH:

County.....Washington
 City or town.....Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

605 Washington Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland County.....Washington
 City or town.....Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 605 Washington Avenue
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Mary Wilson Moore

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife.....

Ezekiel Moore

6. (c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.)

March 27, 1863

8. AGE:

Years 83Months 11Days 3

If less than one day

..... hrs. min.

9. Birthplace.....

Scotland

(Town, county, and state)

10. Usual occupation.....

Home Duties

11. Industry or business

FATHER
MOTHER

12. Name.....

George S. Wilson

13. Birthplace.....

Scotland

14. Maiden name.....

Elizabeth Dudgeon

15. Birthplace.....

Scotland

16. Informant.....

William E. Moore

Address

638 W. Washington St. - Hagerstown, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof.....

Mar. 6, 1947
(month) (day) (year)

Cemetery or crematory.....

Rose Hill Cemetery

Location.....

Hagerstown, Md.

18. Funeral director.....

Fred W. Kraiss

Address

Hagerstown, Md.

19.

Mar. 4, 1947
(Date rec'd by registrar)638 W. Washington St.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....March 3, 1947 19..... at P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 12, 1947 to March 2, 1947and that I last saw her..... alive on March 2, 1947

Immediate cause of death.....

DURATION

Hypertensive Cardio-Vascular Disease2 yrs.Due to Arteriosclerosis - Generalizedyrs.

Due to.....

Other conditions.....NONE

(Include pregnancy within 8 months of death)

Major findings of operations.....NONE

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....

Chas. A. Hoffman

M. D. or other

Address.....214 N. Potomac St. Date signed.....Mar. 3 - 1947

MARGIN RESERVED FOR BINDING

VS A15 9-45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 6 1947

BUREAU V 8

1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3020

03270

300

1. PLACE OF DEATH:

County.....Washington
 City or town.....Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....48 years
 Hospital, institution, or street address where death occurred:
842 Summit Avenue
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State.....Maryland County.....Washington
 City or town.....Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....842 Summit Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Vernie V. Morrison

3. (b) Social Security Number

None

4. Sex.....Female 5. Color or race.....White 6.(a) Single, married, widowed, or divorced.....Married
 6.(b) Name of husband or wife.....William F. Morrison
 6.(c) If alive, give age.....67 years
 7. Birth date of deceased (mo., day, yr.).....June 2, 1882
 8. AGE: Years.....64 Months.....9 Days.....22 If less than one day..... hrs. min.

9. Birthplace.....Winchester, Virginia
 (Town, county, and state)
 10. Usual occupation.....Housewife
 11. Industry or business.....
 FATHER 12. Name.....Henry Ryan
 13. Birthplace.....Winchester, Virginia
 MOTHER 14. Maiden name.....Mary Burger
 15. Birthplace.....Middleburg, Pa.

16. Informant.....William F. Morrison
 Address.....Hagerstown, Maryland
 17. Burial.....3-27-47
 (Burial, cremation, or removal. Which?)..... (month) (day) (year)
 Cemetery or crematory.....Rose Hill Cemetery
 Location.....Hagerstown, Maryland
C. M. Suter & Sons
 18. Funeral director.....
 Address.....Hagerstown, Maryland

19. Mar. 26, 47.....Chas. H. Boers
 (Date rec'd by registrar)..... Registrar

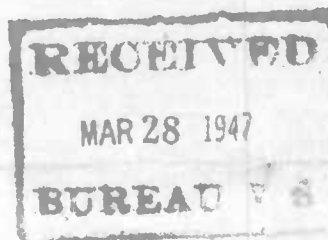
MEDICAL CERTIFICATION

20. DATE OF DEATH.....Mar 24 47 at.....3:20 PM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....Sept 1 - 1944 to.....Mar 4 1947
 and that I last saw him alive on.....Mar 4-47
 Immediate cause of death.....Crown Thrombosis
 DURATION.....2 yrs
Chr. Myocarditis
 DURATION.....6 yrs

Other conditions.....
 (Include pregnancy within 3 months of death)
 Major findings of operations.....
 Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town)..... (County)..... (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE.....Chas. H. Boers M. D. or other
 Address.....Hagerstown, Md Date signed.....3/26/47



1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Brewer 272

03271

Reg. Dist. No. 3020

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 Weeks

Hospital, institution, or street address where death occurred:

Garlock Memorial HomeHow long in hospital or institution? 2 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 218 Winter St.

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

MRS NORA MAY MULLIN

3. (b) Social Security Number

None ch 15

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife William E.6.(c) If alive, give age --- years7. Birth date of deceased (mo., day, yr.) April 14, 1875

8. AGE: Years 71 Months 11 Days 1 If less than one day --- hrs. --- min.

9. Birthplace Clearspring, Washington Co. Md.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Own Home12. Name Samuel Beyard13. Birthplace Clearspring Md.14. Maiden name Mary Rowland15. Birthplace Clearspring Md.16. Informant Mrs. Martha K. SmutzerAddress Los Angeles California17. Burial Date thereof 3/17/47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Pauls CemeteryLocation Near Clearspring Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. Mar. 17. 19 47 David P. Brewer
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15, 19 47, at 1:00 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 19 41, to Mar 15, 19 47and that I last saw him alive on Mar. 14, 19 47Immediate cause of death Oedema of Brain DURATION 4 weeksDue to Arterio Sclerosis 10 yrs.Due to Arterio Sclerosis 10 yrs.Other conditions Arterio Sclerosis 10 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations Arterio Sclerosis 10 yrs.Date of op. Arterio Sclerosis 10 yrs.Autopsy results Arterio Sclerosis 10 yrs.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Arterio Sclerosis 10 yrs.Where did injury occur? Arterio Sclerosis 10 yrs.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Arterio Sclerosis 10 yrs.Means of injury Arterio Sclerosis 10 yrs.Injured at work? Arterio Sclerosis 10 yrs.23. SIGNATURE David P. Brewer M. D. or other Clear Spring Md.Address Clear Spring Md. Date signed 3/17/47

RECEIVED

MAR 19 1947

BUREAU

1-50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

Reg. Dist. No. 03272 3020

1. PLACE OF DEATH:

County... Washington
City or town... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

49 West Side Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Washington
City or town... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 49 West Side Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war...

3. (a) FULL NAME

Carrie Rinehart Murray

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow

6.(b) Name of husband or wife James W. Murray

6.(c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.) June 10, 1881

8. AGE: Years 65 Months 8 Days 19 If less than one day hrs. min.

9. Birthplace Williamsport- Wash. Co., Md.
(Town, county, and state)

10. Usual occupation Home Duties

11. Industry or business

12. Name John Rinehart

13. Birthplace Greencastle, Pa.

14. Maiden name Sarah Foutz

15. Birthplace Williamsport, Md.

16. Informant William Murray

Address Hagerstown, Md.

17. Burial Date thereof Mar. 4-47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. Mar. 4, 47 Charles H. Brown
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1, 1947 19 at A. M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 2, 1938 to Mar. 1, 1947
and that I last saw her alive on Feb. 22, 1947

Immediate cause of death Acute coronary occlusion

Due to Angina pectoris

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

S. D. Kirk Wells M.D.

23. SIGNATURE Hagerstown, Md. Date signed 3/3/47

Address Hagerstown, Md. Date signed 3/3/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 6 1947
BUREAU V B

1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

Reg. Dist. No. 3160

1. PLACE OF DEATH:

County..... Washington
 City or town..... Keedysville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Wash.
 City or town..... Keedysville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Anna Mary Norris

3. (b) Social Security Number

none

4. Sex..... Female 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Married

8. (b) Name of husband or wife..... Daniel F. Norris

66

8. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)..... Nov. 15, 1883

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>3</u>	<u>16</u> hrs. min.

9. Birthplace..... Anitetan-Wash.-Maryland
 (Town, county, and state)

10. Usual occupation..... Home Duties

11. Industry or business.....

12. Name..... George Otzelberger

13. Birthplace..... Unknown

14. Maiden name..... Mary Giff

15. Birthplace..... Unknown

16. Informant..... Mr. Daniel F. Norris

Address..... Keedysville, Md

17. Burial Date thereof..... Mar. 6, 1947
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory..... Fair-View

Location..... Keedysville, Md

18. Funeral director..... R. I. Earnshaw

Address..... Keedysville, Md

19. Mar. 5 19 47 R. I. Earnshaw
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 3 19 47 at 2:20 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 23 19 47 to March 3 19 47 and that I last saw her alive on March 3 19 47

Immediate cause of death.....

DURATION

C coronary thrombosis

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE..... G. W. Selway M.D.

M. D. or other

Address..... Bonnsboro Date signed..... 3/4/47

RECEIVED

7 1947

BUREAU

8.

1-52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (2nd)

CERTIFICATE OF DEATH

03274

★ Reg. Dist. No. 3020

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 22 years
 Hospital, institution, or street address where death occurred:
249 East Howard St.
 How long in hospital or institution? at Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 249 East Howard St.
 (If rural, give LOCATION)
 2(a) If veteran, name war no

3. (a) FULL NAME

Katherine Agnes Phillips

3. (b) Social Security Number

none

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White married

6. (b) Name of husband or wife Charles C. Phillips

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March - 13 - 1893

8. AGE: Years 53 Months 11 Days 28 hrs. _____ min. _____

9. Birthplace Chestnut Grove Wash. Co. Md.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Own Home12. Name Charles M. Smith13. Birthplace Chestnut Grove Wash. Co. Md.14. Maiden name Ellen Holmes15. Birthplace Bakerton W. Va.16. Informant Charles C. PhillipsAddress 249 E. Howard St. Hagerstown Md.17. (Burial, cremation, or removal, Which?) Burial Date thereof March 14, 1947
(month) (day) (year)Cemetery or crematory Church of the Brethren CemeteryLocation Brownsville Md.18. Funeral director W. J. East & SonsAddress Boonsboro Md.19. Mar. 12, 47 Registrar Chas. Powers
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 - 1947 at 1:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1946 to March 11 1947
 and that I last saw him alive on March 4 - 1947

Immediate cause of death _____ DURATION _____

Acute Cardiac Dilatation ImmediateDue to Chr. Endocarditis _____

Due to _____

Other conditions Myocardial Degeneration - _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

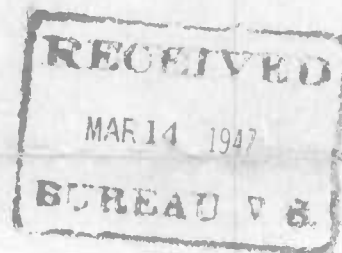
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Chas. Powers M. D. or other _____Address Hagerstown Md. Date signed 3/12/47



1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03275

Reg. Dist. No. 3000

1. PLACE OF DEATH:

County Washington
 City or town Rural -- Sharpsburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Rural -- Sharpsburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) ☒ Veteran, name war War II

3. (a) FULL NAME

Howard W. Pierce

3. (b) Social Security Number

220-09-8774

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

8.(b) Name of husband or wife

8.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) May 22, 1914

8. AGE: Years 32 Months 9 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace Antietam-Washington-Maryland
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER
 12. Name George T. Pierce
 13. Birthplace Antietam, Maryland
 14. Maiden name Effie V. Ely
 15. Birthplace Shepherdstown, W. Va

16. Informant Mrs. George Pierce
 Address Rural-Sharpsburg, Md

17. Burial Date thereof March 12, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory National
 Location Sharpsburg, Maryland

18. Funeral director R. I. Earnshaw
 Address Keedysville, Md

19. 3-11 47 Elly Buyer
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 19 47, at 2:20A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 20 19 46 to March 9 19 47
 and that I last saw him alive on March 8 19 47

Immediate cause of death

DURATION

tubercular pneumonia 1 week
 Due to _____
Chronic B. latral
tuberculosis of lungs 7 yrs.
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Walter H. Sperry, M.D. M. D. or other

Sharpsburg, Md Date signed 3/10/47
 Address _____

Handwritten notes, possibly a signature or initials, appearing upside down.

RECEIVED
MAR 13 1947
BUREAU 7 B

1-25

Handwritten notes at the bottom of the page, possibly a signature or initials.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

★ 03276

Reg. Dist. No. 3020

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 hours
 Hospital, institution, or street address where death occurred:
Wash. Co. Hospital
 How long in hospital or institution? 5 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Eakles Cross Road Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Hagerstown Md. R.R.
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Viola Margaret Remsburg

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife J. Edward Remsburg
 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) August - 21 - 1876
 8. AGE: Years 70 Months 7 Days 4 If less than one day hrs. min.

9. Birthplace Beaver Creek Wash. Co. Md.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Own Home12. Name William Smithberry13. Birthplace Wash. Co. Md.14. Maiden name Julia Reynolds15. Birthplace Wash. Co. Md.16. Informant J. Edward RemsburgAddress Hagerstown Md. R.R.17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof March 29, 1947
(month) (day) (year)Cemetery or crematory Rest Haven CemeteryLocation Hagerstown Md.18. Funeral director City & Best SonsAddress Boonsboro Md19. Mar. 27, 47 Chas. H. Flowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/25 1947 at 7:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1947 to 3/25 1947and that I last saw him alive on 3/25 1947Immediate cause of death Diabetes Mel. DURATION 1 yearchronic Endocarditis 10 +Due to Diabetes Mel.Due to chronic EndocarditisOther conditions Diabetes Mel.

(Include pregnancy within 8 months of death)

Major findings of operations Diabetes Mel.Date of op. 1947Autopsy results Diabetes Mel.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Diabetes Mel. Date of 1947

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Diabetes Mel.Means of injury Diabetes Mel. Injured at work?Signature W. H. MillerAddress 131 W. WASHINGTON. ST.Date signed 3/26 1947

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

Dr. Victor Miller

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 29 1947

BUREAU

1-50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92d

CERTIFICATE OF DEATH

* 03277

Reg. Dist. No. 3020

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

428 Salem Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 428 Salem Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

John William Ridenour

3.(b) Social Security Number

None

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Widowed</u>
-----------------------	----------------------------------	---

8.(b) Name of husband or wife

8.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 31, 1867

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>6</u>	<u>29</u>	hrs. min.

9. Birthplace St. James Wash. - Maryland
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

12. Name Charles C. Ridenour

13. Birthplace Halfway Maryland

14. Maiden name Annie R. Edmonds

15. Birthplace Louden County - Virginia

16. Informant Miss Emma Ridenour

Address 428 Salem Ave. - Hagerstown, Md

17. Burial Date thereof April 2 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose-Hill

Location Hagerstown, Maryland

19. Funeral director R. I. Earnshaw

Address Keedysville, Md

19. Apr. 2, 1947 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1947 at 11:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 1 1947 to Mar 30 1947
and that I last saw him alive on Mar 29 1947

Immediate cause of death

Chl. Myocarditis
Arteriosclerosis

DURATION

6 yrs
6 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underlie the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Robert P. Conrad, M.D.
Hagerstown, Md

M. D. or other

Address Hagerstown, Md Date signed 4-1-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 5 1947

BUREAU V B

1-58

John William Ridenour

Mr. Ridenour died at his
residence 428 Salem Ave.

Chas. H. Bowers
Loc. Reg.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Dist. No. 3620

03278

1. PLACE OF DEATH:

County..... Washington
 City or town..... Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Life
 Hospital, institution, or street address where death occurred:
 302 South Potomac Street
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 302 South Potomac Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Hazel Byrl Sanbower

3. (b) Social Security Number

4. Sex..... Female
 5. Color or race..... White
 6.(a) Single, married, widowed, or divorced..... Married

6.(b) Name of husband or wife..... Charles R. Sanbower

6.(c) If alive, give age..... 52..... years
 7. Birth date of deceased (mo., day, yr.)..... December 10, 1894

8. AGE: Years..... 52 Months..... 2 Days..... 24
 If less than one day..... hrs..... min.

9. Birthplace..... Carroll County, Maryland
(Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business

12. Name..... Howard B. Stitely

13. Birthplace..... Carroll County, Maryland

14. Maiden name..... Katie Yingling

15. Birthplace..... Union Mills, Maryland

16. Informant..... Charles R. Sanbower

Address..... Hagerstown, Maryland

17. Burial..... Date thereof..... 3-7-47
 (Burial, cremation, or removal. Which?)..... (month) (day) (year)

Cemetery or crematory..... Rose Hill Cemetery

Location..... Hagerstown, Maryland

18. Funeral director..... C. M. Suter & Sons

Address..... Hagerstown, Maryland

19. Mar. 6. 47..... Charles Bowers

(Date rec'd by registrar)..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 7, 1947, at 5:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... 19..... to..... 19.....
 and that I last saw him..... alive on..... 19.....

Immediate cause of death..... DURATION

acute coronary occlusion 10 hrs.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results..... NO

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... NO Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE..... DEPUTY MEDICAL EXAM.

WASH. CO., MD.

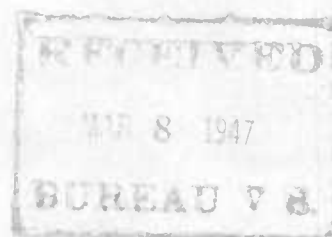
M. D.

Address..... Hagerstown, Md. Date signed 3/5/47

MARGIN RESERVED FOR BINDING

VS A15 9-45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3020

03279

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Washington County Hospital
1 day

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 409 Freemont Street
 (If rural, give LOCATION)

2.(a) If veteran, name war

No

3. (a) FULL NAME

James E. Saylor

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Ruth P. Saylor

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

July 5, 1882

8. AGE:

Years 64

Months 8

Days 20

If less than one day

hrs. min.

9. Birthplace

Baltimore, Maryland
 (Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

Saylor

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Mrs. Ruth P. Saylor

Address

409 Freemont St. - Hagerstown,

17.

(Burial, cremation, or removal. Which?)

Burial

Date thereof

Mar. 29-47

(month) (day) (year)

Cemetery or crematory

Rest Haven Cemetery

Location

Hagerstown, Md.

18. Funeral director

Fred W. Kraiss

Address

Hagerstown, Md.

19.

(Date rec'd by registrar)

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Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26, 1947 3:25 A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 1, 1947 to March 26, 1947
 and that I last saw him alive on March 25-47 19.

Immediate cause of death

DURATION

Ch. Myocarditis
Hypertension

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

RECEIVED

APR 1 1947

BUREAU OF

1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

Dr. Kohler 3280

Reg. Dist. No. 302 Tr 3060

1. PLACE OF DEATH:

County Washington
 City or town Cavetown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 19 Years
 Hospital, institution, or street address where death occurred:
Main Street
 How long in hospital or institution? --

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Cavetown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Main St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

MRS. LOLA GAVER SCHROYER

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Trenton
 7. Birth date of deceased (mo., day, yr.) November 14, 1869
 6.(c) If alive, give age 82 years
 8. AGE: Years 77 Months 4 Days 15 If less than one day -- hrs. -- min.

9. Birthplace Ellerton, Fredrick Co. Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name John T. Gaver

13. Birthplace Ellerton Md.

14. Maiden name Jane Spitler

15. Birthplace Dayton Ohio

16. Informant John F. Schroyer

Address Cavetown Md.

17. Burial Date thereof 4/1/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Luthern Cemetery

Location Wolfsville Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Mar. 31, 47 Ger. H. Ferguson
 (Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29, 1947 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 29 1947, to Mar 29 1947

and that I last saw him alive on Mar 29 1947

Immediate cause of death Coronary Thrombosis 10 yrs

Due to Arterio-sclerosis 10 yrs

Other conditions ---

(Include pregnancy within 3 months of death)

Major findings of operations ---

Date of op. ---

Autopsy results ---

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide --- Date of ---

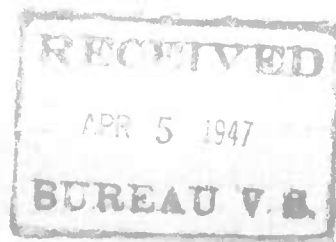
Where did injury occur? --- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ---

Means of injury --- injured at work? ---

23. SIGNATURE G. H. Schroyer M. D. or other

Address Smithsburg Md. Date signed Mar. 31, 1947



1-50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1860

CERTIFICATE OF DEATH

03281

Reg. Dist. No. 3020

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 19 years

Hospital, institution, or street address where death occurred:
6 Downsville Pike Wash. Co. Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 6 Downsville Pike
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Elnora M. Semler

3. (b) Social Security Number

213-016-0061

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Woodrow Semler

6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) January 18, 1918

8. AGE: Years 29 Months 1 Days 19 If less than one day hrs. min.

9. Birthplace Hanover, Pa.
 (Town, county, and state)

10. Usual occupation Waitress

11. Industry or business Alhambra Restaurant

12. Name Monroe Kopp
 13. Birthplace Hanover, Pa.

14. Maiden name Bertha C. Kendall
 15. Birthplace Hanover, Pa.

16. Informant J. A. Milburn
 Address Hagerstown, Maryland

17. Burial Burial Date thereof 3-11-47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown, Maryland

18. Funeral director C. M. Suter & Sons
 Address Hagerstown, Maryland

19. Mar. 11, 47 Leash Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8, 1947 at 12:45 A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19....., to 19.....
 and that I last saw him alive on 19.....

Immediate cause of death DURATION 1 1/2 hrs
Fractured skull

Due to
 Due to

Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations None Date of op.

Autopsy results As above
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Accident Date of
 Where did injury occur? Hagerstown, Wash. Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home of friend
 Means of injury Fell down steps Injured at work? No

DEPUTY MEDICAL
 23. SIGNATURE S. Robert Wells WASH. CO., MD.
 M. D. or
 Address Hagerstown, Md. Date signed 3/10/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 13 1947

BUREAU

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Elvora M. Semler

My information is that Mrs Semler was
received at the Hospital with a very weak
pulse, and that she linger about 1 hr,

The accident occurred on the Middle-
burg Pike (Hagerstown R.F.II #4) at cut
at home on the Doanville Pike
which is in the corporate limits
of Hagerstown.

J. East H. Bowers
Loc R9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

03282

3020

1. PLACE OF DEATH: County <u>Washington</u> City or town <u>Hagerstown</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>35 years</u> Hospital, institution, or street address where death occurred: <u>Washington County Hospital</u> How long in hospital or institution? <u>2 weeks</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Washington</u> City or town <u>Hagerstown</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>626 George St.</u> (If rural, give LOCATION) 2.(a) If veteran, name war.....			
3.(a) FULL NAME <u>Mary V. Shanholtz</u>				3.(b) Social Security Number <u>214-09-4989</u>			
4. Sex <u>Female</u>		5. Color or race <u>White</u>		6.(a) Single, married, widowed, or divorced <u>Married</u>			
6.(b) Name of husband or wife <u>Lewis W. Shanholtz</u>							
7. Birth date of deceased (mo., day, yr.) <u>Mar. 5, 1912</u>							
8. AGE: Years <u>35</u> Months <u>0</u> Days <u>23</u> (If less than one day).....hrs.min.		6.(c) If alive, give ageyears					
9. Birthplace <u>Hagerstown Washington Md.</u> (Town, county, and state)							
10. Usual occupation <u>Home Duties</u>							
11. Industry or business							
FATHER		12. Name <u>Charles R. Boward</u>					
MOTHER		13. Birthplace <u>Washington County, Md.</u>					
14. Maiden name <u>Elizabeth Boward</u>		15. Birthplace <u>Washington County, Md.</u>					
16. Informant <u>Lewis W. Shanholtz</u> Address <u>626 George St.- Hagerstown, Md.</u>							
17. Burial (Burial, cremation, or removal. Which?) <u>Burial</u> Date thereof <u>Mar. 31, 1947</u> (month) (day) (year) Cemetery or crematory <u>Rose Hill Cemetery</u> Location <u>Hagerstown, Md.</u>							
18. Funeral director <u>Fred W. Kraiss</u> Address <u>Hagerstown, Md.</u>							
19. <u>Mar. 31, 47</u> <u>Shanholtz</u> (Date rec'd by registrar) Registrar							
MEDICAL CERTIFICATION 20. DATE OF DEATH <u>March 28, 1947</u> <u>8:10 P.</u>							
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>3/13/47</u> <u>3/28/47</u> <u>3/28/47</u> 19..... and that I last saw her alive on.....19..... Immediate cause of death <u>Acute Hemiparitis with Toxemia</u> DURATION Due to..... Due to..... Other conditions <u>Therapeutic Abortion</u> (Include pregnancy within 3 months of death) Major findings of operations <u>1. 2 1/2 mos. Preg 3/14/47</u> <u>2. Inc. Abortion</u> Date of op. <u>3/17/47</u> Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?..... 23. SIGNATURE <u>R.H. Zinnbach</u> <u>Hag. Md.</u> M. D. or other Address..... Date signed <u>3/29/47</u>							

RECEIVED

APR 3 1947

BUREAU V B

1-50

Birth + Death

03283

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF STILLBIRTH

Reg. Dist. No. 3280

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street address, hospital, or institution:
Washington County Hospital
Length of mother's stay in County
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 443 Mineral Avenue
(If RURAL give LOCATION)

3. Name of child Unnamed

4. Date of birth Mar. 5 19 47 Hour M.

5. Sex Female 6. Twin or triplet

7. No. of weeks pregnancy

FATHER OF CHILD

8. Full name Raymond W. Shantz
9. Color W 10. Age at time of this birth yrs.
11. Usual occupation

MOTHER OF CHILD

12. Full maiden name Helen V. Smith
13. Color W 14. Age at time of this birth yrs.
15. Usual occupation

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 1
(b) How many other children were born alive but are now dead? 0 (c) How many other children were born dead? 3

17. Did child die before labor? no During labor? no

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

18. Pregnancy complications of child died

(a) Fetal causes Pulmonary atelectasis

19. Labor: (a) Complications of no

(b) Maternal causes no

(b) Induced? no

20. (a) Was there an operation for delivery? no

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

(b) State all operations, if any no

Signature W. H. ...
(Specify if M. D., midwife, or other)

(c) Did child die before operation? no

Address Willi ...

During operation? no

23. (a) Burial (b) Date thereof Mar. 7-47

25. (a) 3/7/47 (b)

(Burial, cremation or removal) Rose Hill Cem. (month) (day) (year)

(Date rec'd by registrar) (Registrar)

(c) Cemetery or crematory Fred W. Kraiss

26. (To be filled out if no physician was present at delivery.)

24. (a) Funeral director Hagerstown, Md.

The above certificate has been examined by me.

(b) Address Hagerstown, Md.

Health Officer, per

* See Instruction C on stub.

V. S. A10

Child lived 16 hours

I

T^B

RECEIVED

MAR 10 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-6)

CERTIFICATE OF DEATH

Reg. Dist. No. 0328420

1. PLACE OF DEATH:

County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 3 yrs.
 Hospital, institution, or street address where death occurred:
143 S. Locust St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 138 S. Locust St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

CHARLES DAVID ZIEGLER SHATZER

3. (b) Social Security Number

180-10-8942

4. Sex..... M 5. Color or race..... W 6. (a) Single, married, widowed, or divorced..... Married
 6. (b) Name of husband or wife..... Lillian Young
 6. (c) If alive, give age..... 43 years
 7. Birth date of deceased (mo., day, yr.)..... June 3, 1899
 8. AGE: Years..... 47 Months..... 8 Days..... 28 If less than one day..... hrs. min.

9. Birthplace..... Antrim Township, Penna.
 (Town, county, and state)
 10. Usual occupation..... Laborer
 11. Industry or business..... Well Digging
 12. Name..... Harry C. Shatzer
 13. Birthplace..... Williamson, Penna.
 14. Maiden name..... Rebecca Elliott
 15. Birthplace..... Welsh Run, Penna.

16. Informant..... Lillian Young Shatzer
 Address..... Hagerstown, Maryland

17. Burial..... Date thereof..... March 5, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... Montgomery Church
 Location..... Franklin County, Penna.

18. Funeral director..... Jacob A. Foster
 Address..... Greencastle, Penna.

19. Mar. 4, 1947 Shatzer Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 1..... 1947 at..... 6:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... March 1..... 1947 to..... March 1..... 1947
 and that I last saw him/her alive on..... March 1..... 1947
 Immediate cause of death..... Pneumonia

Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)

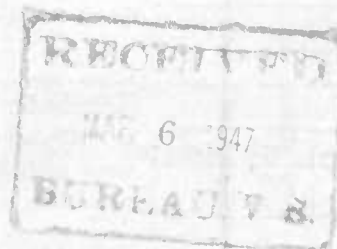
Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE..... R. Beale
 Address..... Hagerstown, Md. Date signed..... March 4, 1947

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Wells

05285

271

Reg. Dist. No. 3020

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

West Antietam St.
 How long in hospital or institution? None

3. (a) FULL NAME

JOHN HENRY SIGLER

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Mary I. Lynn

7. Birth date of deceased (mo., day, yr.)

October 21 1883

6. (c) If alive, give age 61 years

8. AGE:

Years

Months

Days

If less than one day

63

4

23

hrs.

min.

9. Birthplace

Ringgold Wash. Co. Md.
(Town, county, and state)

10. Usual occupation

Sheet Metal worker

11. Industry or business

Fairchild

FATHER

12. Name

John Sigler

13. Birthplace

Ringgold Md.

MOTHER

14. Maiden name

Susan Sites

15. Birthplace

Ringgold Md.

16. Informant

Mrs. Elizabeth Ogden

Address

Hagerstown Md.

17.

Burial

Date thereof

3/17/47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Manor Cemetery

Location

near Tilghampton Md.

18. Funeral director

Andrew K. Coffman

Address

Hagerstown Md.

19.

Mar. 17. 19 47

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 414 George St.
(If rural, give LOCATION)2. (a) If veteran, name war None

3. (b) Social Security Number

217-10-2848

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1947 19 47 at 5 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 18 19 41 to Mar. 14 19 47and that I last saw him alive on Feb 7 19 47

Immediate cause of death

DURATION

Coronary occlusion 19 45Due to acute ventricularDue to fibrillation

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Robert Wells M.D.Address Hagerstown, Md. Date signed 3/15/47

RECEIVED
MAR 19 1947
BUREAU OF

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03286

Reg. Dist. No. 3050

1. PLACE OF DEATH:

County... Washington
City or town... near Boonsboro 'Rural'
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 years.
Hospital, institution, or street address where death occurred:
Boonsboro Md. R. 2
How long in hospital or institution? at home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Maryland County... Washington
City or town... near Boonsboro 'Rural'
(If outside city or town limits, write RURAL and give nearest town)
Street No. Boonsboro Md. R. 2.
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Cora M. Smith

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

B.(b) Name of husband or wife... Arthur Smith
6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) February - 15 - 1870

8. AGE: Years 77 Months 1 Days 8 If less than one day..... hrs. min.

9. Birthplace Middletown Fred. Co. Md.
(Town, county, and state)

10. Usual occupation... Housekeeper

11. Industry or business... Own home

12. Name... William Wise

13. Birthplace Middletown Fred. Co. Md.

14. Maiden name... Susan Fitchell

15. Birthplace Middletown Fred. Co. Md.

16. Informant Mrs. Ray Potter

Address Morning Side Ave. Hagerstown Md.

17. Burial Date thereof March 25, 1947
(Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory... Reformed Cemetery

Location Middletown Md.

18. Funeral director Wm. J. Best & Sons

Address Boonsboro Md.

19. March 25 19 47 John H. Best
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 19 47 at 3 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 7 19 46 to March 23 19 47 and that I last saw him alive on March 23 19 47

Immediate cause of death... Chronic nephritis

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John H. Best M. D. or other

Address Boonsboro, Md. Date signed 3/24/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P. Wade.

RECEIVED

MAR 28 1947

BUREAU V. S.

1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Wells 03287 274

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Maugansville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 55 years

Hospital, institution, or street address where death occurred:

Main StNone

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Maugansville
(If outside city or town limits, write RURAL and give nearest town)Street No. Main St.

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

MARY OSWALD WINTER SMITH

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) February 1, 1892

8. AGE: Years Months Days If less than one day

55115-- hrs. -- min.9. Birthplace Maugansville, Washington Co.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Own home12. Name Jacob B. Winter13. Birthplace Cavetown Md.14. Maiden name Mary Funk15. Birthplace Williamsport Md.16. Informant Elmer WinterAddress Hagerstown Md.17. Burial Date thereof 3/19/47

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. Mar. 17. 47 Shaft Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

About20. DATE OF DEATH March 16, 19 47 at 1 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw h. alive on 19.

Immediate cause of death Suffocation by hanging

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 3/16/47Where did injury occur? Maugansville Wash. Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Hanging Injured at work? No

DEPUTY MEDICAL EXAM.

23. SIGNATURE Dr. Wells WASH. CO., MD.
M. D. or otherHagerstown, Md.Date signed 3/17/47

RECEIVED

MAR 19 1947

BURFA

1-50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1612

CERTIFICATE OF DEATH

Reg. Dist. No. 03288 3010

I. PLACE OF DEATH:

County Washington
 City or town Sharpsburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 D 1
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Sharpsburg P.D.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Christine Smoot
 4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced Lived 1 Hour

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) March 4-1947 6.(c) If alive, give age _____ years

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Near Sharpsburg Md
(town, county, and state)10. Usual occupation none11. Industry or business none

FATHER 12. Name Ray Smoot
 13. Birthplace _____

MOTHER 14. Maiden name Flo Ella Smoot
 15. Birthplace Shadesville a.o.v.a.

16. Informant Ray Smoot
 Address Sharpsburg P.D. - 1

17. March 7 Date thereof March 7, 1947
 (Burial, cremation, or other) (month) (day) (year)

Cemetery or crematory Salem a.o.v.a.Location Shadesville a.o.v.a.

18. Funeral director Edith O. feat
 Address Williamsport Md

19. 3/6 19 47 E. Lee McEwen
 (Date rec'd by registrar) (month) (year) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/4/47 19 47 at 1:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/4/47 19 47 to 3/4/47 19 47
 and that I last saw him alive on 3/4/47 19 47

Immediate cause of death Pericardial artery atherosclerosis
 Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE E. Lee McEwen M. D. or other _____
 Address Williamsport Md Date signed 3/7/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 8 1947

BUREAU V B.

1-57

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (H2)

CERTIFICATE OF DEATH

03289

Reg. Dist. No. 3820

1. PLACE OF DEATH:

County... Washington
 City or town... Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred:
 Washington County Hospital
 How long in hospital or institution? 2 WEEKS

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State... Maryland County... Washington
 City or town... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 908 Spruce Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war...

3. (a) FULL NAME

Freeland G. Snyder

3. (b) Social Security Number

705-10-5152

4. Sex Male
 5. Color or race White
 6. (a) Single, married, widowed, or divorced Married

8. (b) Name of husband or wife Mary C. Snyder

7. Birth date of deceased (mo., day, yr.) December 31, 1878
 6. (c) If alive, give age years

8. AGE: Years 68 Months 3 Days 0 If less than one day
 hrs. min.

9. Birthplace Williamsport Md.
 (Town, county, and state)

10. Usual occupation Retired Railroadman

11. Industry or business

FATHER 12. Name Simon P Snyder
 13. Birthplace unknown

MOTHER 14. Maiden name Mary V Lefever
 15. Birthplace unknown

16. Informant Mrs. Freeland Snyder
 Address Hagerstown, Maryland

17. Burial Date thereof 4-2-47
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or place of interment Riverview
 Location Williamsport, Maryland
 18. Funeral director C. M. Suter & Sons
 Address Hagerstown, Maryland

19. Apr. 2, 1947 Chas H Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 31, 1947, at 8:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 Mar 17, 1947, to Mar 31, 1947
 and that I last saw him alive on Mar 31, 1947

Immediate cause of death Heart failure
 DURATION

Due to Coronary Artery Sclerosis

Due to

Other conditions Generalized Arterio-sclerosis
 (Include pregnancy within 3 months of death)

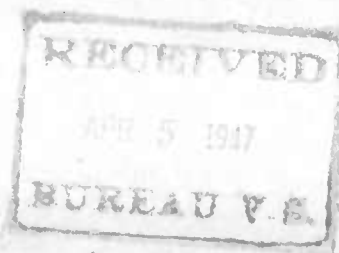
Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Robert Vh Campbell M.D.
 Address Hagerstown Md Date signed April 1, 1947



Mr. Robert Campbell.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Hoffman

03290

Reg. Dist. No. 302

267

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 years
 Hospital, institution, or street address where death occurred:
49 East Lincoln Ave
 How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 49 East Lincoln Ave
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

Mrs. Alice Jane Sowers

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife George O.
 6.(c) If alive, give age 51 years
 7. Birth date of deceased (mo., day, yr.) June 4 1897
 8. AGE: Years 49 Months 9 Days 10 If less than one day _____ hrs. _____ min.

9. Birthplace Five Forks Franklin Co. Pa.
 (Town, county, and state)
Housewife
 10. Usual occupation Own Home
 11. Industry or business
 12. Name Daniel W. Singer
 13. Birthplace Five Forks Pa
 14. Maiden name Susan Garman
 15. Birthplace Lancaster Pa.

16. Informant Daniel S. Sowers
 Address Hagerstown Md.
 17. Burial Date thereof 3/16/47
 (Burial, cremation, or removal, Which?) (month) (day) (year)
Grind Stone Hill Cemetery
 Cemetery or crematory
near Chambersburg Pa.
 Location
Andrew K. Coffman
 18. Funeral director
 Address Hagerstown Md.

19. Mar. 14, 47 19 47
 (Date rec'd by registrar) Registrar Blair H. Bowers

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1947 19 47 at 8.30 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 6 19 47 to March 14 19 47
 and that I last saw her alive on March 14 19 47

Immediate cause of death Hypertensive cardio-vascular
Renal Disease DURATION 5 yrs

Due to _____

Due to _____

Other conditions None

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. NRAutopsy results NR

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Blair H. Bowers M. D. or otherAddress 214 N. Potomac St. Date signed Mar. 14 47

RECEIVED

MAR 17 1947

BUREAU OF

1-58

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

CERTIFICATE OF DEATH

Reg. Dist. No. 03291 3071

1. PLACE OF DEATH:

County Washington
 City or town (Rural) Weverton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 60 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town (Rural) Weverton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

Mary Emma Spencer

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife John Alvin Spencer
 B. (c) If alive, give age 81 years
 7. Birth date of deceased (mo., day, yr.) July 13, 1866
 8. AGE: Years 80 Months 7 Days 24 If less than one day _____ hrs. _____ min.

9. Birthplace Howard County, Maryland
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Own Home
 12. Name John Alexander Campbell
 13. Birthplace Washington County, Maryland
 14. Maiden name Martha Ann Eastman
 15. Birthplace Ellicott City, Maryland

16. Informant Mr. Clinton L. Spencer
 Address Knoxville, Md., R.F.D. # 1

17. Burial Burial Date thereof March 12, 1947
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory St. Luke's Episcopal Cemetery
 Location Brownsville, Maryland

18. Funeral director Melvin H. Stuber
 Address Charles Town, West Va.

19. Max. 12 19 4-7 Cornelius H. Castle
 (Disseced by registrar) Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9, 19 47, at 10:50 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 19 47 to March 9 19 47
 and that I last saw him alive on March 7 19 47

Immediate cause of death Cerebral hemorrhage for 1-47
 DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE William L. Chaffee M.D. or otherAddress Dr. Lewis R. Ind Date signed March 11-47

RECEIVED

MAR 15 1947

BUREAU OF

1-40

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (H)

CERTIFICATE OF DEATH

03292
Reg. Dist. No. 302

1. PLACE OF DEATH: Washington
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 Year
Hospital, institution, or street address where death occurred:
419 W. Antietam Street
How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 419 W. Antietam Street
(If rural, give LOCATION)
2. (a) If veteran, name war:

3. (a) FULL NAME
Carrie Elizabeth Summers

3. (b) Social Security Number
None

4. Sex: Female 5. Color or race: White 6. (a) Single, married, widowed, or divorced: Married

6. (b) Name of husband or wife: Elmer M. Smith

7. Birth date of deceased (mo., day, yr.): April, 1910

8. AGE: Years: 36 Months: 10 Days: If less than one day: hrs. min.

9. Birthplace: Franklin Co., Pa.
(Town, county, and state)

10. Usual occupation: Home Duties

11. Industry or business:

FATHER 12. Name: William Smith
13. Birthplace: Franklin Co., Pa.

MOTHER 14. Maiden name: Alice Mills
15. Birthplace: Franklin Co., Pa.

16. Informant: Elmer M. Summers,
Address: 419 W. Antietam St.- Hagerstown

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar. 24, 1947
(month) (day) (year)
Cemetery or crematory: Rose Hill Cemetery
Location: Hagerstown, Md.

18. Funeral director: Fred W. Kraiss
Address: Hagerstown, Md.

19. Mar. 25, 47 (Date rec'd by registrar) Registrar: [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 21, 1947 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 20 47 to Mar 21 47
and that I last saw her alive on Mar 21 47

Immediate cause of death: Diabetic Mellitus
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: [Signature] M.D. or other
Address: Hagerstown, Md. Date signed: 3/24-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 27 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Dittor 304
05295

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown R.F.D.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 Years
 Hospital, institution, or street address where death occurred:
near Cearfoss
 How long in hospital or institution? ---

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown R.F.D.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. near Cearfoss
 (If rural, give LOCATION)
None
 2.(a) If veteran, name war ---

3. (a) FULL NAME

GEORGE WASHINGTON STOUFFER

3. (b) Social Security Number
None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Mary
 6.(c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) July 3, 1859
 8. AGE: Years 88 Months 8 Days 24 If less than one day --- hrs. --- min.

9. Birthplace Cearfoss Washington Co. Md.
 (Town, county, and State)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Andrew Stouffer

13. Birthplace Cavetown Md.

14. Maiden name Catherine Couker

15. Birthplace Beaver Creek Md.

16. Informant Mrs. Catherine Reiff

Address Hagerstown Md. R.F.D.

17. Burial Date thereof 3/30/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Broadfording Cemetery

Location Broadfording Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Mar. 28. 47 Charles Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27, 1947 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 - 4 25 to Mar 27 1947
 and that I last saw him alive on 1-25-47

Immediate cause of death Ch. Myocarditis

DURATION

Due to Ch. Myocarditis

Due to Ch. Myocarditis

Other conditions Ch. Myocarditis

(Include pregnancy within 3 months of death)

Major findings of operations Ch. Myocarditis

Date of op. 10 yrs

Autopsy results Ch. Myocarditis

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide --- Date of ---

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury --- Injured at work?

23. SIGNATURE W. Dittor M. D. or other

Address Hagerstown Md. Date signed 3/28/47

RECEIVED
MAR 31 1947
BUREAU 8

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Evidence for the addition of
age and approx. birthdate
is shown on G 109 4/7/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3020

1. PLACE OF DEATH:

County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 years
Hospital, institution, or street address where death occurred: Washington County Hospital
How long in hospital or institution? 26 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. Harmons Alley
(If rural, give LOCATION)
2(a) If veteran, name war.....

3. (a) FULL NAME

Henson Sullivan

3. (b) Social Security Number

4. Sex Male 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Unknown 1896

8. AGE: Years 51 Months..... Days..... If less than one day..... hrs. min.

9. Birthplace Clearspring, Md.
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

FATHER 12. Name Unknown

13. Birthplace.....

MOTHER 14. Maiden name Unknown

15. Birthplace.....

16. Informant Mrs. Anna Sullivan

Address 55 W. North Street

17. Burial Date thereof 3/26/47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director William S. Owens

Address 291 Frederick St. Hagerstown

19. Mar. 26, 47 Registrar Charles Bowers

(Date rec'd by registrar)

23 MEDICAL CERTIFICATION

20. DATE OF DEATH 23 March 19 47, at..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18 March 19 47 to 23 March 19 47 and that I last saw him alive on 23 Mar 19 47

Immediate cause of death Chronic nephritis with uremia DURATION unbek

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE J. J. Lusby M. D. or other.....

Address 2307 P. Ave. Date signed 26 Mar 47



1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

 Dr. Yeager 292
 Dr. Wells 03294

Reg. Dist. No. 302 0

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 years
 Hospital, institution, or street address where death occurred:
404 1/2 West Washington St
 How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 404 1/2 West Washington St.
 (If rural, give LOCATION)
None

2.(a) If veteran, name war

3.(a) FULL NAME

JOHN HENRY TEWALT

3.(b) Social Security Number

None

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Grace W.
 6.(c) If alive, give age 58 years
 7. Birth date of deceased (mo., day, yr.) January 16 1885
 8. AGE: Years 62 Months 2 Days 16 If less than one day _____ hrs. _____ min.

9. Birthplace Fishers Hill Franklin Co. Va.
(Town, county, and state)10. Usual occupation Shoe Maker11. Industry or business Own Shop12. Name Nathaniel Tewalt13. Birthplace Fishers Hill Va.14. Maiden name Frances E. Crabill15. Birthplace Fishers Hill Va.16. Informant Mrs. Grace TewaltAddress Hagerstown Md.17. Burial Date thereof 3/25/47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St Pauls cemeteryLocation near Clearspring Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. Mar. 25, 47 Ghost Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

P

20. DATE OF DEATH March 22 1947 19____ at 9.30

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19____ to 19____

and that I last saw him alive on 19____

Immediate cause of death

DURATION

Diabetes mellitus
Acute coronary occlusion
 Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations No

Date of op. _____

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

DEPUTY MEDICAL EXAM.

WASH. CO., MD.

Address Hagerstown, Md. Date signed 3/24/47

RECEIVED

MAR 27 1947

BUREAU OF

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RECEIVED

MAR 17 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6)

CERTIFICATE OF DEATH

Reg. Dist. No.

03297

3040

1. PLACE OF DEATH:

County Washington
 City or town Rural - Hancock
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 24 yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Rural - Hancock
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Route #1 (South side of Round Top)
 (If rural, give LOCATION)
 2.(a) If veteran, name war —

3. (a) FULL NAME

John Wesley True

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Irene Ada Spade True
 6. (c) If alive, give age 60 years
 7. Birth date of deceased (mo., day, yr.) JUNE 10, 1881

8. AGE: Years 65 Months 8 Days 26 If less than one day — hrs. — min.

9. Birthplace Buck Valley, Fulton Co, Penna.
 (Town, county, and state)

10. Usual occupation B+O Passenger Engineer

11. Industry or business

FATHER 12. Name Martin True

13. Birthplace Virginia

MOTHER 14. Maiden name Jane Hiles

15. Birthplace Buck Valley, Penna.

16. Informant Mrs. John W. True

Address Route #1, Hancock, Md.

17. Burial Date thereof Mar. 12, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Buck Valley Meth Church

Location Buck Valley, Penna.

18. Funeral director Charles R. Bast

Address Hancock, Md.

19. 3/16/47 J. H. Keller
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/8/47 19 47 at 5:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1945 to 3/8/47

and that I last saw him alive on 3/1/47 19 47

Immediate cause of death Cerebral Hemorrhage DURATION Instant

Due to Essential Hypertension 378

Due to Diabetes Mellitus 278

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE J. H. Keller, M.D. M. D. or other —

Address Hancock, Md. Date signed 3/16/47

RECEIVED

MAR 13 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore 450

CERTIFICATE OF DEATH

03298

3030

Reg. Dist. No.

1. PLACE OF DEATH:

County WashingtonCity or town Rural Clear Spring, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 years

Hospital, institution, or street address where death occurred:

Dry Run District

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Rural Clear Spring
(If outside city or town limits, write RURAL and give nearest town)Street No. Dry Run Dist.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

David Bernard Walrath

3.(b) Social Security Number

214-09-29464. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Eleanor B. Walrath

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 5, 19068. AGE: Years 41 Months 2 Days 14 If less than one day hrs. min.9. Birthplace Herkimer County, New York
(Town, county, and state)10. Usual occupation Employee Western Union11. Industry or business Telegraph Company12. Name Henry H. Walrath13. Birthplace New York14. Maiden name Gertie Crim15. Birthplace New York16. Informant Mrs. Eleanor B. WalrathAddress Clear Spring, Md. R D17. Burial (Burial, cremation, or removal, which?) Burial Date thereof March 22-1947
(month) (day) (year)Cemetery or crematory St Paul cemeteryLocation Route 40.18. Funeral director Snyder-Rowland Funeral HomeAddress Clear Spring, Md.19. March 22 19 47 Joseph W. Murray Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19, 1947 at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 1946 to Mar 19 1947
and that I last saw him alive on Mar 18 19 47

Immediate cause of death

Carcinoma of Lobar
Spines

Due to

Carcinoma of Valsate

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

David P. Brewer M.D. M. D. or other
Address Clear Spring Md. Date signed 3/22/47

RECEIVED

MAR 25 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Dr. Earl Young 296

03299

Reg. Dist. No. 3020

1. PLACE OF DEATH:

County Washington.
 City or town Hagerstown.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 Years
 Hospital, institution, or street address where death occurred:
789 S. Potomac. Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 789 S. Potomac
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME

Albert Harry Williams

3. (b) Social Security Number

214-09-5936

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Sadie

7. Birth date of deceased (mo., day, yr.)

December 16, 19056. (c) If alive, give age 38 years

8. AGE:

41

Years

Months

Days

If less than one day

35

hrs.

min.

9. Birthplace

Hagerstown, Wash. County Maryland
(Town, county, and state)

10. Usual occupation

Supervisor

11. Industry or business

Pangborn Corp.FATHER
MOTHER

12. Name

Harry Williams

13. Birthplace

Martinsburg W. Va.

14. Maiden name

Virgie Hose

15. Birthplace

Hagerstown Md.

16. Informant

Mrs. Sadie Hose

Address

Hagerstown Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

3/23/47

(month) (day) (year)

Cemetery or crematory

Rest Haven Cemetery

Location

Hagerstown Md.

18. Funeral director

Andrew K. Coffman

Address

Hagerstown Md.

19. Mar. 25, 1947

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21, 19 47 at 10:30 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3/18/47 to 3/21/47
and that I last saw him alive on 3/21/47

Immediate cause of death

DURATION

Coronary occlusion 2 hrs.Due to
Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide
Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Shirley M. Bowers M. D. or other
Address Hagerstown Md. Date signed 3/21/47

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MAR 27 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

03300

1. PLACE OF DEATH:

County WashingtonCity or town Rural Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 months

Hospital, institution, or street address where death occurred:

Downsville Pike

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)State Maryland County WashingtonCity or town Rural Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. Downsville Pike

(If rural, give LOCATION)

2.(a) If veteran, name war Spanish American War

3. (a) FULL NAME

John W. Willis

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Ella R. Willis7. Birth date of deceased (mo., day, yr.) Dec. 3, 1874 6. (c) If alive, give age..... years8. AGE: 72 Years 3 Months 16 Days If less than one day
..... hrs. min.9. Birthplace Charles Town, W. Va.
(Town, county, and state)10. Usual occupation Carpenter11. Industry or business Retired12. Name John T. Willis13. Birthplace Charles Town, W. Va.14. Maiden name Sarah E. Kindel15. Birthplace Charles Town, W. Va.16. Informant Mrs. Ella R. WillisAddress Hagerstown, Md. R D17. Burial Date thereof March 24, 1947
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Antietam National CemeteryLocation Sharpsburg, Md.18. Funeral director Fred W. KraissAddress Hagerstown, Md.19. Mar. 21, 47 Registrar Charles Bowers
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19, 1947 4:15 P. at .. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Mar. 16 1947, to Mar. 19 1947
and that I last saw him alive on Mar. 19 1947Immediate cause of death Coronary Thrombosis DURATION 6 daysDue to Hypertensive Cardio-vascular Disease yrs.

Due to ..

Other conditions N.D.

(Include pregnancy within 3 months of death)

Major findings of operations N.D.

Date of op.

Autopsy results N.D.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of ..

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ..

Means of injury Injured at work?

23. SIGNATURE Ely A. Hoffman M. D. or otherAddress 214 N. P. St. Date signed Mar. 20-47

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAR 24 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (10)

CERTIFICATE OF DEATH

03301

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Rural Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 years
 Hospital, institution, or street address where death occurred:
Paramount Dist.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Rural Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Paramount Dist.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Glenn Richard Yeager

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) August 29, 1941 6. (c) If alive, give age..... years

8. AGE: Years 5 Months 6 Days 13 If less than one day
 hrs. min.

9. Birthplace Washington County, Md.
 (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Milton E. Yeager
 13. Birthplace Franklin Co., Pa.

MOTHER 14. Maiden name Grace E. Shupp
 15. Birthplace Washington County, Md.

16. Informant Milton E. Yeager
 Address Hagerstown, Md. R D 6

17. Burial Date thereof Mar. 17-47
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Reiffs Mennonite Cemetery
 Location Cearfoss, Md.

18. Funeral director Fred W. Kraiss
 Address Hagerstown, Md.

19. Mar. 17 19 47 Chas. H. Powers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14, 1947 19 47 at 11:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 19..... to 19.....

and that I last saw him alive on 19.....

Immediate cause of death DURATION

Diphtheria 10 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. Robert Wells DEPUTY MEDICAL EXAM.
 WASH. CO., MD.
 M. D. Oath

Address Hagerstown, Md. Date signed 3/15/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 19 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03302

Reg. Dist. No. _____

1. PLACE OF DEATH:

County Washington
City or town Hagerstown Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington County Hospital
Stay in hospital or inst. (yrs., or mos., or days) _____
Stay in this community (yrs., or mos., or days) _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md County Washington
City or town Hagerstown Baltimore Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Maryland State Sanatorium
(If rural give LOCATION) 922 E. Pratt St.
2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME

Peter Yankus

or Yankus

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name ~~XXXXXX~~ wife Augusta Yankus

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 29 1894

8. AGE: Years 52 Months 8 Days 18 If less than one day _____ hrs. _____ min.

9. Birthplace Lituenia
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

FATHER 12. Name _____

13. Birthplace _____

MOTHER 14. Maiden name Emila

15. Birthplace _____

16. Informant Augusta Yankus (Wife)

Address Md. State Sanatorium

17. Burial Date thereof March 22/47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Holy Redeemer

Location Belair Rd. Baltimore Md.

18. Funeral director Frank Della Noe

Address 52 N. Morley St.

19. 3/25 1947 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1947 at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 18 1947 to March 18 1947 and that I last saw him alive on March 18 1947

Immediate cause of death Intestinal Stenosis DURATION 3 days

Due to Dissecting Aortic Aneurysm, right side, 3 times ruptured 3 days

Due to _____

Other conditions Pulmonary Tuberculosis years

Major findings: No operation PHYSICIAN _____
Of operations _____ Please underline the cause to which death should be charged statistically.

Of autopsy As above

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE Gregina T. ... M. D. or other _____

Address Hagerstown, Md. Date signed 3/25/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Authorization for change in residence see report from the Md. Tob. San. to the Bureau C.D.

Patient was taken to the Wash. Co. Hospital for an operation and died of a strangulated hernia. Had been a patient at Tbc. San. since 3/5/38 and was a resident of 922 E. Pratt St. Balto. Md. 4/14/47. ams.